

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

### Filing at a Glance

Company: MVP Health Plan, Inc.  
 Product Name: VT 2015 Exchange Filing Rates  
 State: VermontGMCB  
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
 Sub-TOI: HOrg02G.002C Any Size Group - HMO  
 Filing Type: GMCB Rate  
 Date Submitted: 06/02/2014  
 SERFF Tr Num: MVPH-129560321  
 SERFF Status: Closed-Approved  
 State Tr Num:  
 State Status:  
 Co Tr Num:  
  
 Implementation: 01/01/2015  
 Date Requested:  
 Author(s): Kristen Marsh, Matt Lombardo, Eric Bachner  
 Reviewer(s): Thomas Crompton (primary), Kelly Macnee, David Dillon, Judith Henkin, Jacqueline Lee  
 Disposition Date: 09/17/2014  
 Disposition Status: Approved  
 Implementation Date: 01/01/2015  
  
 State Filing Description:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type:	Overall Rate Impact: 14.4%
Filing Status Changed: 09/17/2014	
State Status Changed:	Deemer Date:
Created By: Matt Lombardo	Submitted By: Eric Bachner
Corresponding Filing Tracking Number:	

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

The proposed rates included within this exchange filing are available to small groups and individuals with effective dates of coverage beginning between January 1, 2015 and December 31, 2015.

## Company and Contact

### Filing Contact Information

Matt Lombardo,	mlombardo@mvphealthcare.com
625 State Street	518-388-2483 [Phone]
Schenectady, NY 12305	

### Filing Company Information

MVP Health Plan, Inc.	CoCode: 95521	State of Domicile: New York
625 State Street	Group Code: 1198	Company Type: Health
Schenectady, NY 12305	Group Name:	Maintenance Organization
(518) 388-2469 ext. [Phone]	FEIN Number: 14-1640868	State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	

**State:** VermontGMCB  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Thomas Crompton	09/17/2014	09/17/2014

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Thomas Crompton	09/17/2014	09/17/2014
Pending Response	Thomas Crompton	09/15/2014	09/16/2014
Pending Response	Jacqueline Lee	09/09/2014	09/09/2014
Pending Response	Thomas Crompton	09/08/2014	09/08/2014
Pending Response	Thomas Crompton	09/03/2014	09/03/2014
Pending Response	Jacqueline Lee	07/14/2014	07/14/2014
Pending Response	Jacqueline Lee	07/08/2014	07/08/2014
Pending Response	Jacqueline Lee	07/07/2014	07/07/2014
Pending Response	Thomas Crompton	07/02/2014	07/02/2014
Pending Response	Jacqueline Lee	06/25/2014	06/25/2014
Pending Response	Jacqueline Lee	06/10/2014	06/10/2014

### Response Letters

Responded By	Created On	Date Submitted
Eric Bachner	09/17/2014	09/17/2014
Eric Bachner	09/17/2014	09/17/2014
Matt Lombardo	09/10/2014	09/10/2014
Eric Bachner	09/08/2014	09/08/2014
Matt Lombardo	09/05/2014	09/05/2014
Matt Lombardo	07/15/2014	07/15/2014
Matt Lombardo	07/10/2014	07/10/2014
Matt Lombardo	07/09/2014	07/09/2014
Matt Lombardo	07/02/2014	07/02/2014
Matt Lombardo	06/27/2014	06/27/2014
Matt Lombardo	06/17/2014	06/17/2014

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request for Confidentiality - Response to Objection Letter #2	Note To Reviewer	Matt Lombardo	07/02/2014	07/02/2014
Request for Confidentiality v2	Note To Reviewer	Matt Lombardo	06/20/2014	06/20/2014

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
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### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request for Confidentiality	Note To Reviewer	Matt Lombardo	06/17/2014	06/17/2014
Filing submitted	Note To Reviewer	Eric Bachner	06/02/2014	06/02/2014

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Disposition

Disposition Date: 09/17/2014

Implementation Date: 01/01/2015

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: This filing is approved as amended on 09/17/2014.

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	10.700%	10.700%	\$2,183,243	2,371	\$20,404,146	13.800%	6.400%

### Percent Change Approved:

**Minimum:** 6.400%  
**Maximum:** 13.800%  
**Weighted Average:** 10.700%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum and Certifications		No
Supporting Document	Civil Union Rating Requirements		No
Supporting Document	Consumer Disclosure Form		No
Supporting Document	Filing Compliance Certification		No
Supporting Document	Third Party Filing Authorization		No
Supporting Document (revised)	Unified Rate Review Template		No
Supporting Document	Unified Rate Review Template		No
Supporting Document	Unified Rate Review Template		No

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

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**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Memorandum Dataset		No
Supporting Document (revised)	Plan Management Rates Template		No
Supporting Document	Plan Management Rates Template		No
Supporting Document	Plan Management Rates Template		No
Supporting Document	Response to Objection Letter #1		No
Supporting Document	Response to Objection Letter #2		No
Supporting Document	Response to Objection Letter #2 - REDACTED VERSION		No
Supporting Document	Response to Objection Letter #3		No
Supporting Document	Response to Objection Letter #4		No
Supporting Document	Response to Objection Letter #5		No
Supporting Document (revised)	Rate Increase Exhibit		No
Supporting Document	Rate Increase Exhibit		No
Supporting Document	Rate Increase Exhibit		No
Supporting Document	Response to Objection Letter #7		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Unified Rate Review Template		No
Supporting Document	Plan Management Rates Template		No

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**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
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## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	09/17/2014
Submitted Date	09/17/2014
Respond By Date	09/17/2014

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Dear Matt Lombardo,

**Introduction:**

Note that the URRT v2 was submitted as opposed to the updated URRT v3. Please replace with the new URRT v3 pdf, xls, and xml files, as well as all the other most current files and documents so that all the final documents for this filing are in one location.

**Conclusion:**

Sincerely,  
Thomas Crompton

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	09/16/2014
Submitted Date	09/16/2014
Respond By Date	09/17/2014

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Dear Matt Lombardo,

**Introduction:**

The pdf attachment submitted on 09/05/2014 and titled "Rate Data Template\_VT\_SMAL\_ON\_20140903.pdf" is the originally filed Rate Data Template, and does not match the corresponding most recent Individual Rate Data Template pdf attachment (i.e. the current rates). Please make sure that all pdf, xml, and xls files are the most recent updated versions and are consistent between all the files. Submit all the final documents that are included in MVP's responses on 09/05/2014, 09/08/2014, and 09/10/2014 in the response to this objection letter dated 09/16/2014.

**Conclusion:**

Sincerely,  
Thomas Crompton

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	09/09/2014
Submitted Date	09/09/2014
Respond By Date	09/11/2014

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Dear Matt Lombardo,

**Introduction:**

Please see the attached.

**Conclusion:**

Sincerely,  
Jacqueline Lee

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
 S. Scott Gibson, F.S.A.  
 Cabe W. Chadick, F.S.A.  
 Michael A. Mayberry, F.S.A.  
 David M. Dillon, F.S.A.  
 Gregory S. Wilson, F.C.A.S.  
 Steven D. Bryson, F.S.A.  
 Bonnie S. Albritton, F.S.A.  
 Brian D. Rankin, F.S.A.  
 Wesley R. Campbell, F.C.A.S., F.S.A.  
 Jacqueline B. Lee, F.S.A.  
 Brian C. Stentz, A.S.A.  
 Robert E. Gove, A.S.A.  
 J. Finn Knox-Seith, A.S.A.  
 Jennifer M. Allen, A.S.A.  
 Josh A. Hammerquist, A.S.A.  
 Xiaoxiao (Lisa) Jiang, A.S.A.  
 Sujaritha Tansen, A.S.A.  
 Jay W. Fuller, A.S.A.  
 Sergei V. Mordovin, A.S.A.  
 Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.  
 Terry M. Long, F.S.A.  
 Leon L. Langlitz, F.S.A.  
 Anthony G. Proulx, F.S.A.  
 Thomas L. Handley, F.S.A.  
 D. Patrick Glenn, A.S.A., A.C.A.S.  
 Christopher H. Davis, F.S.A.  
 Karen E. Elsom, F.S.A.  
 Jill J. Humes, F.S.A.  
 Christopher J. Merkel, F.S.A.  
 Kimberly S. Shores, F.S.A.  
 Jan E. DeClue, A.S.A.  
 Patricia A. Peebles, A.S.A.

**London / Kansas City**

Roger K. Annin, F.S.A.  
 Timothy A. DeMars, F.S.A.  
 Scott E. Morrow, F.S.A.

**Baltimore**

David A. Palmer, C.F.E.

September 9, 2014

Matt Lombardo  
 MVP Health Insurance Company  
 625 State Street  
 Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
 2015 Vermont Exchange Rate Filing  
 SERFF Tracking #: MVPH-129560321

Dear Mr. Lombardo:

The following additional information is required for this filing.

1. Several changes were made to the entries in the final URRT. Please provide a derivation of the changes and entries seen for the following inputs. When possible, please reference exhibits seen in "VT 2015 Exchange Rate Filing – SERFF v2 FINAL.xls."
  - Other Projection Factor by benefit category
  - Manual rates (Util/1,000 and Avg Cost per Service by benefit category). The changes do not appear to be not consistent with the changes made in the projection factors.
  - Paid to Allowed Amount
  - Risk Adjustment PMPM should be -\$0.08 (negative number), since it is a payment.
  - Reinsurance Recoveries PMPM
  - Admin Load %
  - Taxes & Fees %.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than September 11, 2014.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



Jacqueline B. Lee F.S.A., M.A.A.A.  
Vice President & Consulting Actuary  
Lewis & Ellis, Inc.  
jlee@lewisellis.com  
(972)850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	09/08/2014
Submitted Date	09/08/2014
Respond By Date	09/10/2014

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Dear Matt Lombardo,

**Introduction:**

Please provide (as listed in item 2 of the 09/03/2014 objection letter) the new Rate Charts that show the 2014 rates, the new 2015 rates, along with the percentage increase by plan and tier, and the overall average rate increase, similar to the response dated 06/17/2014 to objection number 1, question number 2.

**Conclusion:**

Sincerely,  
Thomas Crompton

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	09/03/2014
Submitted Date	09/03/2014
Respond By Date	09/10/2014

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Dear Matt Lombardo,

**Introduction:**

Attached please find order GMCB-17-14-rr. Please submit the following items (in both pdf and excel format),

1. The new URRT submission,
2. The new Rate Charts that show the 2014 rates, the new 2015 rates, along with the percentage increase by plan and tier, and the overall average rate increase, similar to the response dated 06/17/2014 to objection number 1, question number 2.
3. The new Rate Data Template,
4. Also update any other exhibits within this filing that supports the values seen in the updated URRT and the Rate Chart referenced in item 2 above. This includes all the pricing exhibits that were provided within this filing to support the new premiums and the URRT.

This filing will be dispositioned approved once the final materials regarding order GMCB-17-14-rr and items 1 through 4 above are received and reviewed.

No objections selected.

**Conclusion:**

Sincerely,  
Thomas Crompton

STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Plan, Inc. 2015 Vermont ) GMCB-17-14-rr  
Health Connect Rate Filing )  
 )  
SERFF No. MVPH-129560321 )

**DECISION & ORDER**

**Introduction**

The Patient Protection and Affordable Care Act of 2010 (ACA) contains provisions aimed at making health insurance rates more transparent for consumers, including the establishment of health benefit “exchanges.” In Act 48 of 2011, the Vermont Legislature created this state’s exchange – Vermont Health Connect (VHC) – a marketplace where individuals, families and small businesses can comparison shop online<sup>1</sup> for qualified health insurance coverage.

Among its other responsibilities, the Green Mountain Care Board is charged with the review of major medical health insurance rates for Vermont consumers. In 2013, the Board reviewed the first health insurance rates offered on the exchange when two carriers – MVP Health Plan, Inc. (MVP) and Blue Cross and Blue Shield of Vermont (BCBSVT) – filed proposed 2014 rates. Again for 2015, each carrier has filed proposed exchange rates for the Board’s review.

In this filing, MVP proposes a 15.4%<sup>2</sup> average annual rate increase for health plans offered on the exchange beginning in 2015. Based on our review of the record and the testimony and evidence provided at hearing, we modify the rates as explained below, and then approve the filing.

**Background**

1. Starting January 2014, each Vermont resident must obtain qualifying health insurance coverage. In Vermont, individuals, families, and small employers (fifty or fewer employees) are

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<sup>1</sup> In addition to online enrollment, Vermonters may use a specially trained “assistor” who can help provide in-person help. See <http://info.healthconnect.vermont.gov/find> (“Find In-Person Help”).

<sup>2</sup> In other places in this decision and in the record, *see, e.g.*, Exhibit 8 (Actuarial Memorandum), the proposed average annual increase is shown as 15.3%. The Board’s contract actuary explained at hearing that the minor discrepancy results from the difference between percentage of premium (15.3%) and percentage of overall contracts (15.4%). Transcript (TR) at 109-10.

required to purchase their plans through the exchange. The rates are based on a single risk pool which includes the individual and small group markets.

2. Plans are offered to consumers in five categories, including four “metal” levels – bronze, silver, gold and platinum. The metal levels are based on the cost to the insurer relative to that of the policyholder. For example, a bronze plan will have the least expensive premium, but the insurer will pay a smaller portion of the cost of the consumer’s health care. A platinum plan will require the consumer to pay a higher premium, but a larger percentage of the cost of care will be paid by the insurer. In addition to the metal level plans, catastrophic coverage is available primarily to persons under thirty years of age.<sup>3</sup>

3. Health insurance plans offered on the exchange must be affordable. Individuals enrolling for coverage who do not have employer-sponsored insurance may be eligible for federal premium assistance depending on their household income. *See* 26 U.S.C. §36B (Refundable credit for coverage under a qualified health plan). Vermont has chosen to further reduce the cost of health insurance by capping the percentage of household income that eligible individuals and families pay for health insurance premiums and by offering subsidies for lower deductibles and co-payments.

4. All plans offered on the exchange must include specific services known as “essential health benefits” (EHBs): (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services, including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care.

5. In Vermont, health insurance rate review has historically fallen under the authority of the Department of Financial Regulation (Department). In Act 48, the Vermont Legislature created a role for the newly-formed Green Mountain Care Board, and from 2012 until January 2014, the Board shared the responsibility for rate review with the Department. Under the two-tiered process, the Department received the filing and conducted an actuarial analysis before making a recommendation to the Board that it approve, modify, or disapprove the rate. The 2014 Exchange rates were reviewed under this bifurcated process.

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<sup>3</sup> Catastrophic coverage is characterized by low premiums and high deductibles, and individuals enrolled in catastrophic plans do not qualify for income-based subsidies.

6. The Legislature expanded the Board's rate review authority when it enacted Act 79 of 2013, and beginning January 1, 2014, the Board became primary reviewer of major medical health insurance rates, with the Department retaining the limited role of advising the Board on the issue of insurer solvency. No. 79, § 5c, *eff.* Jan. 1, 2014. In conjunction with its expanded role, the Board entered into a contract with Lewis & Ellis (L&E), an actuarial firm that supports the Board's decision-making process by providing actuarial analysis of health insurance rate submissions.

7. Last year, this Board for the first time reviewed MVP's exchange rates for the coverage period from January 1, 2014 to December 31, 2014. In our Decision and Order of July 8, 2013, we modified MVP's filing, resulting in an approximate 5.3% reduction in its proposed average annual rate.<sup>4</sup> *In re: MVP Health Plan, Inc. 2014 Vermont Exchange Rate Filing*, Docket no. GMCB 015-13-rr, *available at* [http://gmcboard.vermont.gov/sites/gmcboard/files/GMCB\\_Docket\\_01513rr\\_Decision.pdf](http://gmcboard.vermont.gov/sites/gmcboard/files/GMCB_Docket_01513rr_Decision.pdf)

#### Procedural History

8. On June 2, 2014, MVP filed its 2015 Vermont Exchange Products Rate Filing with the Board through the System for Electronic Rate and Form Filing (SERFF). The SERFF filing outlined the development of MVP's proposed exchange rates for coverage commencing January 1, 2015. *See* Exhibit 1 (SERFF Filing)<sup>5</sup> *available at* [http://ratereview.vermont.gov/sites/dfr/files/017\\_14rr\\_7\\_21\\_14.pdf](http://ratereview.vermont.gov/sites/dfr/files/017_14rr_7_21_14.pdf).

9. On June 4, 2014, the Office of Health Care Advocate (HCA), a division of Vermont Legal Aid that represents the interests of consumers of Vermont health care, entered a Notice of Appearance. *See* [http://ratereview.vermont.gov/sites/dfr/files/017\\_14rr\\_HCA\\_NOA.pdf](http://ratereview.vermont.gov/sites/dfr/files/017_14rr_HCA_NOA.pdf).

10. L&E conducted an actuarial review of the filing for the Board, including a series of follow-up questions and requests for additional information from MVP. Taking MVP's responses into consideration, L&E issued an actuarial memorandum summarizing its analysis and recommendations for modification. The memorandum was posted to the Board's rate review website on August 1, 2014. *See* Exhibit 8; *available at* [http://ratereview.vermont.gov/sites/dfr/files/017\\_14rr\\_Final\\_Actuarial\\_Memo.pdf](http://ratereview.vermont.gov/sites/dfr/files/017_14rr_Final_Actuarial_Memo.pdf).

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<sup>4</sup> Because cost sharing and benefits will vary among plans, the 5.3% decrease to 2014 proposed rates also varies depending on plan.

<sup>5</sup> The exhibits referred to in this decision were admitted into evidence either by stipulation or upon motion at hearing.

11. L&E recommends three modifications to the filing prior to approval of the rates: first, that MVP reduce its pharmacy trend from 9.0% to 8.4%; second, that it increase the projected index rate by 2.8% to account for the change in demographics; and third, that it reduce the single contract conversion factor from 1.165 to 1.098. L&E calculates that if all of the modifications were adopted, they would reduce the overall rate increase from 15.3% to 11.6%. L&E opined that after modification, the filing would not produce rates that are excessive, inadequate or unfairly discriminatory. *Id.*

12. On July 28, 2014, the Department issued an opinion and analysis of the impact of MVP's rate filing on the company's solvency. Noting that MVP is one of two Vermont-licensed insurers domiciled in New York that are members of MVP Health Care, Inc. holding company system, the Department opined that the rates as proposed would not materially impact the solvency and surplus of MVP or of the holding company. Exhibit 7.

13. The Board held a public administrative hearing on August 13, 2014 in Room 11 of the Vermont Statehouse. Judith Henkin served as hearing officer by designation of Board chair Al Gobeille. Gary F. Karnedy, Esq. of Primmer Piper Eggleston & Cramer PC represented MVP. MVP Vice President and Chief Actuary Pete Lopatka testified for the carrier.<sup>6</sup> Kaili Kuiper, Esq. and Lila Richardson, Esq. appeared for the HCA and presented testimony of independent actuary Donna Novak, principal of NovaRest Actuarial Services. The Department's general counsel, David Cassetty, testified regarding the Department's solvency analysis and opinion. In addition, L&E actuary Jackie Lee testified about L&E's actuarial review and recommendations to the Board.

14. The Board accepted public comments on the proposed rates for both MVP and BCBSVT from June 3, 2014 through August 18, 2014. During that period, the Board received 275 comments, 234 of which are based on a template provided to consumers and submitted to the Board by the Vermont Public Interest Research Group (VPIRG). Although some of the VPIRG comments include personal observations and details, each reference both MVP and BCBSVT and state that the proposed rate increases are not affordable. In addition to the VPIRG submission, the Board received 11 comments that specifically address MVP's proposed rate increase, three that address the proposed rate increases in general, and 29 that address only

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<sup>6</sup> MVP actuary Matt Lombardo also testified briefly to provide clarification concerning the company's proposed pharmacy trend. TR at 76.

BCBSVT's proposed rate increase. Virtually all of the comments characterize the impact of the requested rates as unaffordable for Vermonters and encourage the Board to control the cost of health insurance premiums. See Public Comments, available at [http://ratereview.vermont.gov/Exchange\\_Public\\_Comment](http://ratereview.vermont.gov/Exchange_Public_Comment).

### **Findings of Fact**

#### **Nature of the Filing**

15. MVP is a non-profit health insurer domiciled in New York and licensed as a health maintenance organization (HMO) in New York and Vermont. MVP is a subsidiary of MVP Health Care, Inc., a New York corporation that transacts health insurance business through a variety of for-profit and not-for-profit subsidiaries. MVP offers HMO products to individuals and employers in the small and large group markets in Vermont.

16. MVP offers consumers purchasing on the exchange both standard plans, which are not unique to the carrier, and non-standard plans. The standard plans provide benefits approved by the Board and include coverage for all EHBs. The non-standard plans are specific to MVP but must still comply with all requirements for participation in the exchange.

17. There are currently 2,371 policyholders and 4,798 covered lives in MVP's 2014 exchange plans. MVP estimates it will have approximately the same membership in 2015.

#### **MVP's Rate Development**

18. MVP developed its 2015 exchange rates utilizing paid claims from its small group EPO, small group PPO, small group HMO, small group HDHP<sup>7</sup> and individual indemnity books of business from January 1, 2013 through December 31, 2013, with payment through March 31, 2014 (the "experience period"). Exhibit 1 at 59.

19. MVP projected the experience period claims forward to the rating period using a 9.0% pharmacy trend and 6.6% medical trend.<sup>8</sup>

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<sup>7</sup> An EPO (exclusive provider organization) is a managed care plan that only covers services provided by network providers, except in an emergency. A PPO (preferred provider organization) is a health care plan that contracts with medical providers to create a network of participating (preferred) providers. HDHP refers to "high deductible health plan."

<sup>8</sup> In the most basic terms, trend refers to the change in cost of healthcare and consists of utilization (frequency of use of the product or service) and unit cost.

20. MVP developed its medical trend applying a 0.0% utilization trend assumption and an assumed unit cost that reflects actual and estimated increases from MVP's provider network. Exhibit 1 at 70.

21. Rather than using MVP's historical data to calculate its pharmacy trend, MVP's new pharmacy benefit manager (PBM), CVS Caremark, supplied MVP with a 9.0% estimate of expected changes to pharmacy costs and prescription drug utilization based on national data. Exhibit 1 at 70.

22. MVP proposes a 9.5% administrative load to cover its expenses to market, sell and administer health insurance products. The 9.5% administrative costs charge is equivalent to \$40.60 per-member per-month (PMPM). For 2013, MVP's actual cost to deliver small group and individual products was \$45.58 PMPM. TR at 48-50.

23. In addition to the administrative load, MVP proposes to charge 0.4% for its members to gain expanded access to a national network of providers. *Id.* at 48.

24. MVP proposes a 1.5% contribution to surplus, the same as its 2014 exchange filing request. Exhibit 7.<sup>9</sup>

#### L&E's Analysis and Recommendations

25. L&E recommends that the Board make three modifications to MVP's filing. First, it recommends that the carrier lower its pharmacy trend from 9.0% to 8.4%. L&E reasons that MVP did not base its trend on its own book of business or Vermont-specific data, and that 8.4% – the same pharmacy trend “used by Vermont's largest carrier based on state-specific experience,” – is a more reliable indicator of actual trend than the estimate based on national data provided by its PBM. Exhibit 8 at 5, n.7.

26. Second, L&E maintains that MVP did not properly adjust for demographics in its rate development. L&E recommends that MVP apply a demographic adjustment factor of 1.028. *Id.* at 5.

27. Last, L&E advises that MVP must also adjust the single contract conversion factor – an adjustment that reflects the composition of enrollment tiers and average contract size

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<sup>9</sup> For 2014, we reduced the requested 1.5% contribution to surplus to 0.5%. *See In re: MVP Health Plan, Inc. 2014 Vermont Exchange Rate Filing* at 11-12, available at [http://gmcboard.vermont.gov/sites/gmcboard/files/GMCB\\_Docket\\_01513rr\\_Decision.pdf](http://gmcboard.vermont.gov/sites/gmcboard/files/GMCB_Docket_01513rr_Decision.pdf).

(members per contract) – using its actual 2014 enrollment instead of 2013 enrollment. This modification would decrease the factor from 16.5% to 9.8%. *Id.* at 7.

28. If the Board accepted all of L&E’s recommendations, MVP’s rate increase would be reduced from 15.3% to 11.6%.

The HCA’s Actuarial Report, Supplemental Report and Testimony

29. The HCA’s expert witness, Donna Novak, provided an actuarial report that outlined her analysis of the filing, a supplemental analysis, and also testified at hearing. Novak has extensive experience as an actuary, worked as an advisor to the U.S. Department of Health and Human Services (HHS) concerning ACA implementation, and has provided analysis of ACA and non-ACA rate filings for state regulators and on behalf of state health care advocates. Exhibit 9 at 18-21.

30. In her August 5, 2014 report, Novak made three recommendations for changes to the filing. First, she asserted that MVP made an error in its federal Uniform Rate Review Template (URRT), causing an error in calculation of its manual rate; second, she agreed with L&E that MVP’s pharmacy trend should not be based solely on national data; and third, she recommended that MVP reduce its administrative expenses by 1.0%. In addition to her recommendations, she opined that due to its strong financial health, MVP could reduce its contribution to surplus from 1.5% to 1.0%. Exhibit 9.

31. Specifically addressing L&E’s recommendations, Novak advised that other than the issue of pharmacy trend, she could not comment because L&E had not “provide[d] quantitative support for its calculation[s] of the proposed change[s].” Exhibit 9 at 14.

32. On August 11, 2014, two days prior to the hearing, the HCA submitted a letter from Ms. Novak supplementing her report. Novak explained that she had not had “sufficient time to research two of L&E’s recommendations” prior to completing her report, and having since spent more time “research[ing] the methodology and assumptions,” she now agrees with L&E that there should be a change based on demographics and a change in the contract conversion factor. HCA Exhibit A.

33. At hearing, Novak elaborated on each of her recommendations. She explained that an error in the URRT resulted in an overstatement of the rate of approximately 0.5%. TR at 148-52.

34. As to her agreement with L&E that the pharmacy trend should not be based solely on national data, she acknowledged that there is “a range of methodologies that produces the most

accurate [pharmacy] trend,” and that historical trend data may not be indicative of the reasonableness of future trend. Novak explained that she recalculated the trend using a “blend” of historical and proposed trend. TR at 145-46; 126.

35. Novak then advised the Board that because MVP’s administrative load will increase by the overall approved rate increase, absent any downward modifications, the carrier’s 2015 administrative costs would rise approximately 19.0% over 2014 costs. TR at 147; Exhibit 9 at 11.

#### MVP’s Evidence and Testimony at Hearing

36. MVP disputes all of the issues raised by L&E and the HCA, and underscores that the two sets of actuaries – L&E and NovaRest – did not agree to the majority of the proposed modifications. *See, e.g.*, Exhibits 11, 12; MVP’s Post-Hearing Memorandum (MVP Memo) at 3.

37. In contrast to L&E and the HCA’s assertion that the pharmacy trend should not be based on national data provided by MVP’s vendor, MVP maintains that its PBM has provided an accurate “expert view” of MVP’s pharmacy trend. *Id.* at 4; TR at 38-41.

38. MVP also disagrees with L&E’s proposed modification based on demographics, explaining that it appropriately made “a two percent reduction [from its 2013 experience] to account for morbidity improvement.” TR at 41. MVP actuary Lopatka testified at hearing that age and morbidity are connected: “[A]ge is a big indicator of usage of health care services . . . [a]nd so the older you are, call it sicker, the morbidity level, the more usage of health care.” TR at 190-91.

39. Although MVP agrees with the HCA’s contention that the URRT contains a mathematical error, it does not agree that the error has any impact on the rate because the specific calculation was “assigned zero percent credibility.” TR at 45-47; 67-70. L&E agrees that the error on the URRT is inconsequential to the final rate, confirming this opinion in response to a written interrogatory from the HCA and again at hearing. Exhibit 13; TR at 128.

40. In response to the HCA’s recommendation that MVP reduce its administrative load, MVP actuary Lopatka testified that MVP’s proposed 2015 PMPM administrative costs are approximately \$5 lower than its 2013 actual costs. TR at 49. Lopatka explained that this shortfall results from company’s “unique issue with critical mass” and that administrative costs are not the primary driver of the high cost of health care and rising premiums; rather, “[t]he primary major issue is the cost of hospital services, physician services and prescription drugs.”

TR at 84. Lopatka further explained: “[T]he last four years, we have lost money. We don’t cover our costs. It’s not all due to admin.” TR at 85.

41. MVP is actively working to reduce its administrative costs, and for 2014 is focusing on “operational efficiencies.” In 2014, the company laid off 100 full-time employees. *Id.* at 49-50.

### **Standard of Review**

1. The Board reviews rate filings to ensure that rates are not “excessive, inadequate or unfairly discriminatory,” that they are affordable, promote quality care and access to health care, protect insurer solvency, and are not unjust, unfair, inequitable, misleading or contrary to Vermont law. 8 V.S.A. §§ 5104(a)(2); 4062(a)(2); GMCB Rule 2.000, *Rate Review*, §§ 2.301(b), 2.401. In addition, the Board takes into consideration changes in health care delivery, changes in payment methods and amounts, and other issues at its discretion. 18 V.S.A. § 9375(b)(6).

2. As part of its review, the Board will consider the Department’s analysis and opinion on the impact of the proposed rate on the insurer’s solvency and reserves. 8 V.S.A. § 4062(a)(2), (3). The Board shall also consider any public comments received on a rate filing. Rule 2.000, §2.201.

3. The burden falls on the insurer proposing a rate change to justify the requested rate. *Id.* § 2.104(c)

### **Conclusions of Law**

I. **MVP’s Proposed Pharmacy Trend, Supplied by its Pharmacy Benefit Manager, is Not a Reliable Indicator of the Pharmacy Trend for its Vermont Book of Business.**

To arrive at its prescription drug trend, MVP used annual pharmacy trend factors split by generic, brand and specialty drugs based on national data provided by its new pharmacy benefit manager, CVS Caremark. TR at 112-14. According to MVP, it appropriately relied on its vendor’s “expertise of what the pharmacy market will look like in 2015 and 2014.” TR at 38.

At hearing, L&E actuary Jackie Lee testified concerning MVP’s pharmacy trend calculation, stating:

[It is] a significant limitation to not be utilizing Vermont-specific data. . . . “[T]hat’s where you’re going to be delivering services, that’s where you’re going to be selling your

products; you want to be as reflective as possible where you're going to be doing business. And using state-specific data is the best way to do that.

*Id.* at 114, 112.

Lee testified that L&E examined three years of historical pharmacy trend data as a “first pass” at determining whether MVP’s proposed trend was reasonable, and concluded that due to factors such as the generic dispensing rate, drugs losing patents, and the change in pharmacy vendors, the historic data was not indicative of the future trend. Absent state-specific data, L&E reasoned that BCBSVT’s 8.4% pharmacy trend – which L&E examined as part of its actuarial review of BCBSVT’s 2015 exchange filing – “was the best source to go with.” TR at 111-15; Exhibit 8 at 5.

The HCA’s actuary, Donna Novak, agrees that MVP should not have solely relied on the national pharmacy trend data provided by its new PBM. TR at 144 (“The least accurate is using national data, national reports put out by consulting firms or PBMs.”) Noting there is “a range of methodologies by which to calculate trend,” Novak utilized a blend of weighted historic trend data and proposed trend, and concluded that using her methodology, the rate increase would be reduced by one-half of a percentage point. Exhibit 9 at 9-11.

We agree that MVP’s vendor-supplied pharmacy trend – which does not take into account state-specific data – should not be used in the carrier’s 2015 exchange rate development. We recognize, however, that there is scant data at this juncture from which MVP can develop a credible prescription drug trend based on the relatively small number of Vermonters enrolled in this new book of business. For that reason, we agree with L&E’s recommendation that the 8.4% pharmacy trend developed by BCBSVT – the only other carrier in the exchange, with more than ten-fold MVP’s membership – most accurately reflects the overall pharmacy trend in the Vermont marketplace.

L&E calculates that this modification reduces the proposed rate increase minimally, by approximately 0.1%.

## II. MVP Must Make an Adjustment to its Rate Calculation for the Change in Demographics.

L&E next recommends that MVP make an adjustment to its rate for the change in demographics based on age and gender. In response, MVP argues that it has already made an adjustment for morbidity that is inclusive of age, and that age and morbidity are not “mutually

exclusive” but instead “highly correlated.” TR at 190-91; MVP Memo at 5 (“There is a high correlation between the two because as populations age they become less healthy . . . [age and morbidity] are not separate considerations.”)

MVP’s explanation that age and health status are not mutually exclusive misses the point. To comply with the ACA and with plan filing requirements, a carrier must treat demographics and morbidity as separate projection factors, and must separately adjust for each in the filing. *See, e.g.,* HHS, *Part III Actuarial Memorandum and Certification Instructions* (March 20, 2014) at 8-9 (“Changes to the Morbidity of the Population Insured,” and “Changes in Demographics” listed as separate Projection Factors), *available at* [http://www.serff.com/documents/plan\\_management\\_data\\_templates\\_2015/plan\\_management\\_data\\_template\\_2015\\_part3\\_actuarial\\_instructions.pdf](http://www.serff.com/documents/plan_management_data_templates_2015/plan_management_data_template_2015_part3_actuarial_instructions.pdf); Exhibit 8 at 5 (lack of demographic adjustment renders filing non-compliant with HHS definition of “index rate”). Because MVP uses its 2014 enrollment as the basis for its 2015 enrollment, it is reasonable to believe that reflecting the characteristics of the 2014 population would be appropriate, and that an adjustment is required.

Accordingly, the carrier should apply a demographic adjustment of 1.028, as outlined by L&E.

### III. MVP Must Recalculate the Single Conversion Factor Using its 2014 Membership, Reducing the Factor From 1.165 to 1.098.

L&E next recommends that MVP adjust its single contract conversion factor, which MVP calculated based on its experience period (2013) claims data. L&E recommends that MVP instead use its April 2014 membership, which it believes is more representative of MVP’s population since it is the basis for the 2015 projection population.

In light of the unavailability of sufficient, reliable claims data, we agree with L&E that the April 2014 membership, albeit a “snapshot” of enrollment, is a more accurate indicator of MVP’s projected 2015 enrollment distribution than is MVP’s 2013 claims data. *See* TR at 121 (Actuary Lee testifies that “[h]ealth claims experience takes a fair amount for time to be collected and then mature. And as of April 2014 it is pretty optimistic that they even had data available through March of 2015 . . . membership is . . . much more concrete.”) Indeed, as we observed earlier in this decision, MVP anticipates that its 2015 enrollment will be relatively the

same as its 2014 enrollment. Thus, in accordance with L&E's recommendation, the single conversion factor should be reduced from 1.165 to 1.098.

IV. The Reporting Error in MVP's Uniform Rate Review Template (URRT) Does Not Affect its Rate Development or Render the Manual Rate Incorrect.

The HCA's expert witness, Donna Novak, maintains that a reporting error in MVP's federal form URRT results in an incorrect calculation of its manual rate. MVP concedes that its URRT was completed improperly and contains an error, but does not agree that the error has any effect on its ultimate rate calculation.

Here, we rely on the credible testimony at hearing and the expert opinion of our actuaries and conclude that there is no error in the manual rate. As an initial matter, L&E thoroughly reviewed the rate request in the two-month period after it was filed, and did not determine that the manual rate was incorrectly calculated. *See* Exhibit 8. After the HCA submitted its report asserting there was a manual rate error, L&E was asked by the HCA to specifically consider and address whether the manual rate was incorrectly calculated, and confirmed that it was not, notwithstanding its agreement that MVP made a reporting error in the URRT. Exhibit 13, ¶ 2. At hearing, after listening to MVP's actuary testify that the error in the URRT had no effect on the rate and was assigned no credibility, TR at 67-69, L&E again confirmed that MVP did not make an error in its manual rate. TR at 128.

Based on the totality of the evidence and testimony, we are satisfied that MVP's reporting error had no impact on its rate calculation. However, in accordance with L&E's analysis and MVP's acknowledgement of the reporting error, we require that the error "be corrected in the final URRT submission." Exhibit 13, ¶ 2.

V. We Decline the HCA's Recommendation to Order MVP to Reduce its Administrative Load at this Time.

The HCA recommends that this Board order MVP to reduce its administrative costs, which it maintains will rise approximately 19% if the Board approves MVP's rate request of 15.4%. Exhibit 9 at 11-12. The HCA contends that MVP has not provided any evidence "that its administrative load is actually increasing at the same rate as other drivers of its premium rates." HCA Post-Hearing Memorandum at 4-5. In contrast, L&E has advised the Board that it

finds MVP's administrative expense changes "reasonable and appropriate." Exhibit 8 at 6; TR 128-29.

MVP actuary Lopatka addressed the issue at hearing, testifying that MVP does not collect adequate premium dollars from its Vermont membership to cover its administrative expenses. Rather, the company's 2013 supplemental health care exhibit, a statutory filing, shows that its PMPM administrative cost was \$45.58, approximately \$5 more than what MVP proposes for the current filing. TR at 49. According to Lopatka, MVP is working towards lowering its costs by making its operations more efficient, has reviewed its contracts with vendors and consultants, and in the process of reorganization has laid off 100 full-time employees. *Id.* at 49-50. Lopatka attributes MVP's current inability to cover its administrative costs the carrier's "unique issue with critical mass," and emphasizes that administrative cost is not the major driver of escalating health care costs: "The primary major issue is the cost of hospital services, physician services and prescription drugs." *Id.* at 84.

Based on the evidence and testimony presented at hearing, we agree with our actuaries that MVP's 9.5% administrative load is appropriate at this time, and decline to modify it downward. While we agree with the HCA that lowering this rate component would make the rate more affordable – reducing *any* rate component would do the same – MVP's hearing testimony demonstrated to this Board that the company is actively seeking ways to trim its administrative expenses so that it may remain competitive in the health insurance marketplace.<sup>10</sup>

VI. Based on MVP's Strong Financial Health, the Carrier Should Reduce its Contribution to Surplus from 1.5% to 1.0%.

Last, we consider the HCA's suggestion that MVP's strong financial health allows for a 0.5% reduction of its contribution to surplus. For several reasons, we agree.

First, as discussed in the Department's solvency opinion and analysis, MVP is domiciled in New York State, which has the primary responsibility for assessing its solvency. MVP's Vermont operations are a small part of its overall business; its holding company operations in Vermont account for only 5.3% of its total premium earned. Exhibit 7. The Department has consulted with insurance regulators in New York, and neither state foresees that the current rate

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<sup>10</sup> In an effort to limit the amount insurers can spend on administrative costs and profit, the ACA requires that health insurers spend at least 80% of premium dollars on medical care – the Medical Loss Ratio (MLR) rule – or issue rebates to plan enrollees. Though not determinative of our decision here, we note that MVP has complied with the MLR rule, and has not been required to provide rebates to its customers.

filing, as proposed, poses any measurable risk to MVP's solvency. Exhibit 7. Given the relatively small percentage of overall business affected by this filing, we believe that a 0.5% reduction in the contribution to surplus in this particular book of business will have minimal impact on the company's overall solvency.

Next, this view is consistent with MVP testimony that its several entities' solvency must be considered "holistically," TR at 80 (Lopatka testimony), and leaves a reasonable 1.0% surplus contribution intact.<sup>11</sup>

Finally and most importantly, reducing the contribution to surplus from 1.5% to 1.0% makes the rate more affordable for Vermonters, who are most directly impacted by each increase in the cost of health care premiums. This reduction strikes an appropriate balance between our statutory charge to determine whether rates are affordable, while protecting the solvency of insurers. 8 V.S.A. § 4062(a)(3).

### **Conclusion**

This is the second year that we have reviewed Vermont Health Connect insurance rates, and again we face the challenge of balancing the goal of affordability for Vermonters with the responsibility of ensuring that issuers in this marketplace can continue to offer quality, necessary health insurance coverage to our citizens. We have reached our decision after consideration of all the evidence and testimony, the opinions of concerned Vermonters, and careful deliberation.

Based on our discussion above, we modify the proposed 15.4% average annual increase downward as outlined in this decision, to 10.9%.

### **Order**

Based on the reasons discussed above, the Board orders that MVP modify its 2015 Vermont Health Connect Rate Filing, and then approves the filing. Specifically, MVP shall (1) reduce its pharmacy trend from 9.0% to 8.4%; (2) apply a demographic adjustment factor of 1.028; (3) reduce the single contract conversion factor from 16.5% to 9.8%, and (4) reduce the contribution to surplus from 1.5% to 1.0%.

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<sup>11</sup> We note that this result is consistent with our decision in Docket no. GMCB 018-14-rr, also issued today, regarding BCBSVT's exchange filing, in which we approved a 1.0% contribution to surplus.

**So ordered.**

Dated: September 2, 2014 at Montpelier, Vermont

s/ Alfred Gobeille )  
)  
s/ Karen Hein )  
)  
s/ Cornelius Hogan )  
)  
s/ Allan Ramsay )  
)  
s/ Betty Rambur )

GREEN MOUNTAIN  
CARE BOARD  
OF VERMONT

Filed: September 2, 2014

Attest: s/ Janet Richard

Green Mountain Care Board, Administrative Services Coordinator

*NOTICE TO READERS: This decision is subject to revision of technical errors. Readers are requested to notify the Board (by e-mail, telephone, or in writing) of any apparent errors, so that any necessary corrections may be made. (E-mail address: [Janet.Richard@state.vt.us](mailto:Janet.Richard@state.vt.us)). Appeal of this decision to the Supreme Court of Vermont must be filed with the Board within thirty days. Appeal will not stay the effect of this Order, absent further Order by this Board or appropriate action by the Supreme Court of Vermont. Motions for reconsideration or stay, if any, must be filed with the Clerk of the Board within ten days of the date of this decision and order.*

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/14/2014
Submitted Date	07/14/2014
Respond By Date	07/16/2014

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Dear Matt Lombardo,

**Introduction:**

Please see attached inquiry letter.

**Conclusion:**

Sincerely,

Rita Tansen  
Consulting Actuary

Sincerely,

Jacqueline Lee

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
S. Scott Gibson, F.S.A.  
Cabe W. Chadick, F.S.A.  
Michael A. Mayberry, F.S.A.  
David M. Dillon, F.S.A.  
Gregory S. Wilson, F.C.A.S.  
Steven D. Bryson, F.S.A.  
Bonnie S. Albritton, F.S.A.  
Brian D. Rankin, F.S.A.  
Wesley R. Campbell, F.C.A.S., F.S.A.  
Jacqueline B. Lee, F.S.A.  
Brian C. Stentz, A.S.A.  
Robert E. Gove, A.S.A.  
J. Finn Knox-Seith, A.S.A.  
Jennifer M. Allen, A.S.A.  
Josh A. Hammerquist, A.S.A.  
Xiaoxiao (Lisa) Jiang, A.S.A.  
Sujaritha Tansen, A.S.A.  
Jay W. Fuller, A.S.A.  
Sergei V. Mordovin, A.S.A.  
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.  
Terry M. Long, F.S.A.  
Leon L. Langlitz, F.S.A.  
Anthony G. Proulx, F.S.A.  
Thomas L. Handley, F.S.A.  
D. Patrick Glenn, A.S.A., A.C.A.S.  
Christopher H. Davis, F.S.A.  
Karen E. Elsom, F.S.A.  
Jill J. Humes, F.S.A.  
Christopher J. Merkel, F.S.A.  
Kimberly S. Shores, F.S.A.  
Jan E. DeClue, A.S.A.  
Patricia A. Peebles, A.S.A.

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Roger K. Annin, F.S.A.  
Timothy A. DeMars, F.S.A.  
Scott E. Morrow, F.S.A.

**Baltimore**

David A. Palmer, C.F.E.

July 14, 2014

Matt Lombardo  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2015 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-129560321

Dear Mr. Lombardo:

The following additional information is required for this filing.

1. Please demonstrate how the development of the paid index rate reflects changes in projected demographics (such as differences in age and contract type).
2. Provide the distribution by age for the following periods:
  - a. 2013 Experience Period Enrollment,
  - b. 2014 Actual Enrollment, and
  - c. 2015 Projected Enrollment.
3. The Conversion factor appears to have 2 components: a claims component (accounting for the decrease in the average contract size) and a premium component (redistribution of claims cost PMPM due to the fixed premium tiers). Is the claims portion embedded in index rate?

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 16, 2014.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,

A handwritten signature in blue ink that reads "Rita Tansen". The signature is written in a cursive style.

Rita Tansen A.S.A., M.A.A.A.  
Consulting Actuary  
Lewis & Ellis, Inc.  
rtansen@lewisellis.com  
(972)850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/08/2014
Submitted Date	07/08/2014
Respond By Date	07/10/2014

---

Dear Matt Lombardo,

**Introduction:**

Please see attached inquiry letter, posted on behalf of the Office of the Health Care Advocate.

**Conclusion:**

Sincerely,  
Jacqueline Lee

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
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 Christopher H. Davis, F.S.A.  
 Karen E. Elsom, F.S.A.  
 Jill J. Humes, F.S.A.  
 Christopher J. Merkel, F.S.A.  
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 Timothy A. DeMars, F.S.A.  
 Scott E. Morrow, F.S.A.

**Baltimore**

David A. Palmer, C.F.E.

July 8, 2014

Matt Lombardo  
 MVP Health Insurance Company  
 625 State Street  
 Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
 2015 Vermont Exchange Rate Filing  
 SERFF Tracking #: MVPH-129560321

Dear Mr. Lombardo:

The following additional information is required for this filing.

1. Please provide an estimate of the 2014 financial impact of the federal changes in attachment point and percentage in the 2014 transitional reinsurance compared to the assumptions you used in your 2014 rate filing.
2. We understand the \$475.35 in the URRT and file "Actuarial Memo Dataset SERFF" was based on MVP's small group EPO, PPO and HMO products and MVP's individual indemnity products. We also understand that the adjustments described under the topic "Projection Factors (Worksheet1, Section 2 of Unified Rate Review Template)" were applied to the base period incurred claims for those products of \$323.62 (from answer to L&E question 11 in first set of questions). Please provide qualitative and quantitative documentation starting with the utilization and cost/service by benefit category from the claims files and showing all adjustments to arrive at the projected 2015 allowed claims amount of \$475.35.
3. Please provide actual administrative expenses PMPM and member months for the individual market and from the small group market for the last three years.

4. Please provide a history of projected (as reflected in the rate filings) and actual incurred claims and earned premiums for the past three years for the individual and small group markets separately.
5. Please provide an explanation for why the charge for pediatric dental varies by plan. Exhibits 3a and 6 appear to show that it is based on actual plan experience, which is not allowed at a plan level.
6. Please provide Excel calculations that show the development of the Individual Rate matching the rate template for each plan starting with the index rate of \$503.40\*. This would be similar to "Actuarial Memo Dataset SERFF.xlsx" section "Consumer Adjusted Premium Rate Development," but the final rate should match the individual rate in the rates template.
  - a. Please explain why the Gross Reinsurance Contributions do not match other documentation and the URRT.

*\*This index rate appears incorrect, but the Board will forward the question with the assumption that the correct index rate will be substituted by the company.*

7. Please provide the projected amounts for cells D87-D108 in file "Actuarial Memo Dataset SERFF.xlsx."
8. Please provide the allowed and incurred cost by age cohort (20 and under and 5 year increments thereafter or by age, if easier) for individual and small groups in 2013.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 10, 2014.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



Rita Tansen A.S.A., M.A.A.A.  
Consulting Actuary  
Lewis & Ellis, Inc.  
rtansen@lewisellis.com  
(972)850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/07/2014
Submitted Date	07/07/2014
Respond By Date	07/09/2014

---

Dear Matt Lombardo,

**Introduction:**

Please see attached inquiry letter.

**Conclusion:**

Sincerely,

Rita Tansen, ASA, MAAA

Consulting Actuary

Sincerely,

Jacqueline Lee

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
 S. Scott Gibson, F.S.A.  
 Cabe W. Chadick, F.S.A.  
 Michael A. Mayberry, F.S.A.  
 David M. Dillon, F.S.A.  
 Gregory S. Wilson, F.C.A.S.  
 Steven D. Bryson, F.S.A.  
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 Brian D. Rankin, F.S.A.  
 Wesley R. Campbell, F.C.A.S., F.S.A.  
 Jacqueline B. Lee, F.S.A.  
 Brian C. Stentz, A.S.A.  
 Robert E. Gove, A.S.A.  
 J. Finn Knox-Seith, A.S.A.  
 Jennifer M. Allen, A.S.A.  
 Josh A. Hammerquist, A.S.A.  
 Xiaoxiao (Lisa) Jiang, A.S.A.  
 Sujaritha Tansen, A.S.A.  
 Jay W. Fuller, A.S.A.  
 Sergei V. Mordovin, A.S.A.  
 Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.  
 Terry M. Long, F.S.A.  
 Leon L. Langlitz, F.S.A.  
 Anthony G. Proulx, F.S.A.  
 Thomas L. Handley, F.S.A.  
 D. Patrick Glenn, A.S.A., A.C.A.S.  
 Christopher H. Davis, F.S.A.  
 Karen E. Elsom, F.S.A.  
 Jill J. Humes, F.S.A.  
 Christopher J. Merkel, F.S.A.  
 Kimberly S. Shores, F.S.A.  
 Jan E. DeClue, A.S.A.  
 Patricia A. Peebles, A.S.A.

**London / Kansas City**

Roger K. Annin, F.S.A.  
 Timothy A. DeMars, F.S.A.  
 Scott E. Morrow, F.S.A.

**Baltimore**

David A. Palmer, C.F.E.

July 7, 2014

Matt Lombardo  
 MVP Health Insurance Company  
 625 State Street  
 Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
 2015 Vermont Exchange Rate Filing  
 SERFF Tracking #: MVPH-129560321

Dear Mr. Lombardo:

Thank you for your response on June 27, 2014. The following additional information is required for this filing.

**Conversion Factor**

1. Upon review of your response to Question 1, we are unable to validate actuarial equivalence between aggregate revenue collected based on per contract premium rate and aggregate revenue collected on a gross PMPM basis. The total annual premium on a contract basis is \$24,671,515 (Source "Question #2" tab of "Response to Objection #1 – Quantitative Responses SERFF.xlsx") versus \$23,088,269 (Source URRT WS 1 cell X43) produced on a gross PMPM basis and hence not equivalent. Please provide a quantitative derivation of how actuarial equivalence and revenue neutrality are achieved in your methodology.
2. Please demonstrate how/where the factor adjustments for each deductible/coinsurance combination (addressed in response to Question 2 of our earlier inquiry letter) are applied in MVP's benefit pricing model.

### URRT

3. We are unable to reconcile the trends illustrated in URRT Section II of Worksheet 1 with the medical (7.7%) and Rx (9.0%) trends in the actuarial memorandum. Please reconcile the trends in these two sources and provide revised URRT.
4. We are unable to reconcile the Single Risk Pool Gross Premium to the weighted average of the Single Rate (Source "Question #2" tab of "Response to Objection #1 – Quantitative Responses SERFF.xlsx") with the Conversion backed out. Please reconcile these two PMPMs.

### Reinsurance Recovery

5. We are unable to reconcile the reinsurance recovery PMPM, net of reinsurance premium, of \$12.84 in the URRT against the "Gross reinsurance Contributions PMPM" (\$22.99) in the actuarial dataset. Please reconcile the differences.
6. Please provide quantitative support for the derivation of reinsurance recovery in the 2014 Exchange filing. Demonstrate differences in assumptions and claim distributions between the 2014 and 2015 Exchange Rate filings (i.e. assumed percentage of individual contracts, etc.).
7. The Final Rule (5/27/2014) suggests that the attachment point may change from \$70,000 to \$45,000 for 2015. Please provide a recalculated projected reinsurance recoveries PMPM (and all quantitative support for the calculation) if you were to assume that the lower attachment point was in place at the time of the filing.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 9, 2014.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



Rita Tansen A.S.A., M.A.A.A.  
Consulting Actuary  
Lewis & Ellis, Inc.  
rtansen@lewisellis.com  
(972)850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	07/02/2014
Submitted Date	07/02/2014
Respond By Date	07/02/2014

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Dear Matt Lombardo,

**Introduction:**

Please send corrected versions with redactions in response to L&E's 06/25/2014 objection letter. Do not mark confidential.

**Conclusion:**

Sincerely,  
Thomas Crompton

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	06/25/2014
Submitted Date	06/25/2014
Respond By Date	06/27/2014

---

Dear Matt Lombardo,

**Introduction:**

Please see attached inquiry letter.

**Conclusion:**

Sincerely,

Rita Tansen  
Consulting Actuary  
Sincerely,  
Jacqueline Lee

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
 S. Scott Gibson, F.S.A.  
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 Timothy A. DeMars, F.S.A.  
 Scott E. Morrow, F.S.A.

**Baltimore**

David A. Palmer, C.F.E.

June 25, 2014

Matt Lombardo  
 MVP Health Insurance Company  
 625 State Street  
 Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
 2015 Vermont Exchange Rate Filing  
 SERFF Tracking #: MVPH-129560321

Dear Mr. Lombardo:

Thank you for your response on June 17, 2014. The following additional information is required for this filing.

**Contract Type**

1. Upon review of "Exh 4. Tier Ratios and Conv Fxs" worksheet in "VT 2015 Exchange Rate Filing – SERFF.xlsx", explain the source of the assumed tier distribution (subscriber months and member months) by contract type (Single, Double, etc.) used in conversion factor derivation. If actual 2014 enrollment data was not used, please justify how the other source is more appropriate.
2. For the standard HDHP plans, please describe what adjustments were made to account for the aggregate family deductible.

**Rx Trend**

3. In the response, it was indicated that the trend forecasts provided by your pharmacy vendor were not adjusted for MVP's Vermont specific book of business. A review of 12-month rolling trends during the experience period (January 1 – December 3, 2013) shows mostly negative trends, as evidenced by "Question #9" worksheet. We note that

“Question #9” worksheet also includes members that did not have Rx coverage in the last 36 months.

- a. Please provide a revised exhibit that only includes members with Rx coverage.
  - b. We recognize that historically MVP has used pharmacy vendor recommended trends in pricing. Please explain at what point MVP will start accounting for Rx trend experience from its book of business while incorporating vendor recommended trends.
  - c. With historical experience and prospective trends that are not Vermont-specific, please provide further justification for the proposed Rx trend.
4. We note that your Rx vendor has changed since the earlier filing and the assumed Rx rebates as % of Rx claim has reduced from what was evidenced historically. Provide quantitative support for the contract change factor of 0.867 (illustrated in “Question #15 worksheet).

#### **Admin Expense**

5. Please explain the “National Network Fee” illustrated in “Question #26”. In doing so, please indicate why this fee is new in 2015.

#### **Pediatric Dental**

6. Provide quantitative support for the Pediatric Dental PMPM seen in Exhibit 3 of \$5.61. How is this figure derived from Exh 3a?
7. Provide quantitative support for the Pediatric Dental PMPMs and Adjustments seen in Exh 3a. This would include a report from Milliman regarding the methodology used to determine the pricing.
8. What were the Pediatric Dental PMPM assumptions by plan from the 2014 Exchange filing?

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 27, 2014.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,

A handwritten signature in blue ink that reads "Rita Tansen". The signature is written in a cursive style.

Rita Tansen A.S.A., M.A.A.A.  
Consulting Actuary  
Lewis & Ellis, Inc.  
rtansen@lewisellis.com  
(972)850-0850

---

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

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**State:** VermontGMCB

**Filing Company:** MVP Health Plan, Inc.

**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:** VT 2015 Exchange Filing Rates

**Project Name/Number:** /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/17/2014
Submitted Date	09/17/2014

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*Dear Thomas Crompton,*

**Introduction:**

**Response 1**

**Comments:**

*We have updated the Unified Rate Review to the current version (v3). We have also resubmitted all of the files from September 5, 8, and 10 which should have all of the updated rates, so that you have them all in one response. If you have any other questions, feel free to contact us.*

**Changed Items:**

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Rate Filing Rates  
**Project Name/Number:** /

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
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MVPH-129560321

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<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	UnifiedRateReviewSubmission_VT_Exchange_2015_20140917114333.xml URRT VT 2015 - v3 FINAL.pdf URRT VT 2015 - v3 FINAL.xlsm
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Unified Rate Review Template
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**SERFF Tracking #:**

MVPH-129560321

**State Tracking #:****Company Tracking #:****State:**

VermontGMCB

**Filing Company:**

MVP Health Plan, Inc.

**TOI/Sub-TOI:**

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:**

VT 2015 Exchange Filing Rates

**Project Name/Number:**

/

<b>Attachment(s):</b>	<i>URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>URRT VT 2015 - SERFF.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_20140529164040.xml URRT VT 2015 - SERFF.pdf</i>

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MVPH-129560321

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<b>Attachment(s):</b>	UnifiedRateReviewSubmission_VT_Exchange_2015_20140917114333.xml URRT VT 2015 - v3 FINAL.pdf URRT VT 2015 - v3 FINAL.xlsm
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	

SERFF Tracking #:

MVPH-129560321

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
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<b>Attachment(s):</b>	<i>URRT VT 2015 - v2 FINAL.pdf</i> <i>URRT VT 2015 - v2 FINAL.xlsm</i> <i>UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml</i>
<i>Previous Version</i>	
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<b>Comments:</b>	
<b>Attachment(s):</b>	<i>URRT VT 2015 - v2 FINAL.pdf</i> <i>URRT VT 2015 - v2 FINAL.xlsm</i> <i>UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>URRT VT 2015 - SERFF.xlsm</i> <i>UnifiedRateReviewSubmission_VT_Exchange_2015_20140529164040.xml</i> <i>URRT VT 2015 - SERFF.pdf</i>

<b>Satisfied - Item:</b>	Plan Management Rates Template
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_IND_ON_20140905.pdf</i> <i>Rate Data Template_VT_IND_ON_20140905.xml</i> <i>Rate Data Template_VT_SMAL_ON_20140905.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xls</i> <i>Rate Data Template_VT_IND_ON_20140905.zip</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xml</i>
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<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_IND_ON_20140905.pdf</i> <i>Rate Data Template_VT_IND_ON_20140905.xml</i> <i>Rate Data Template_VT_SMAL_ON_20140905.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xls</i> <i>Rate Data Template_VT_IND_ON_20140905.zip</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xml</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_SMAL_ON_20140903.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140903.xml</i>

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MVPH-129560321

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**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

*Rate Data Template\_VT\_IND\_ON\_20140903.xml*  
*Rate Data Template\_VT\_IND\_ON\_20140903.pdf*  
*Rate Data Template\_VT\_SMAL\_ON\_20140903.zip*  
*Rate Data Template\_VT\_IND\_ON\_20140903.zip*

*Previous Version*

**Satisfied - Item:** *Plan Management Rates Template*

**Comments:**

**Attachment(s):** *Rate Data Template\_VT\_SMAL\_ON\_20140528.xlsm*  
*Rate Data Template\_VT\_SMAL\_ON\_20140528.pdf*  
*Rate Data Template\_VT\_SMAL\_ON\_20140528.xml*

SERFF Tracking #:

MVPH-129560321

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Company Tracking #:

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<b>Comments:</b>	

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**Project Name/Number:** /

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<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>URRT VT 2015 - SERFF.xlsm</i> <i>UnifiedRateReviewSubmission_VT_Exchange_2015_20140529164040.xml</i> <i>URRT VT 2015 - SERFF.pdf</i>

<b>Satisfied - Item:</b>	Plan Management Rates Template
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_IND_ON_20140905.pdf</i> <i>Rate Data Template_VT_IND_ON_20140905.xml</i> <i>Rate Data Template_VT_SMAL_ON_20140905.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xls</i> <i>Rate Data Template_VT_IND_ON_20140905.zip</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xml</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_IND_ON_20140905.pdf</i> <i>Rate Data Template_VT_IND_ON_20140905.xml</i> <i>Rate Data Template_VT_SMAL_ON_20140905.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xls</i> <i>Rate Data Template_VT_IND_ON_20140905.zip</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xml</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_SMAL_ON_20140903.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140903.xml</i>

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

	<i>Rate Data Template_VT_IND_ON_20140903.xml</i> <i>Rate Data Template_VT_IND_ON_20140903.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140903.zip</i> <i>Rate Data Template_VT_IND_ON_20140903.zip</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_SMAL_ON_20140528.xlsm</i> <i>Rate Data Template_VT_SMAL_ON_20140528.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140528.xml</i>

<b>Satisfied - Item:</b>	Rate Increase Exhibit
<b>Comments:</b>	
<b>Attachment(s):</b>	Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx Rate Increase Exhibit v2 FINAL VALUES ONLY.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Rate Increase Exhibit</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx</i> <i>Rate Increase Exhibit v2 FINAL VALUES ONLY.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Rate Increase Exhibit</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx</i> <i>Rate Increase Exhibit v2 FINAL VALUES ONLY.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Eric Bachner

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 09/17/2014  
 Submitted Date 09/17/2014

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

We have updated the small group Plan Management Rates Template to reflect the updated rates. We have also resubmitted all of the files from September 5, 8, and 10 which should have all of the updated rates, so that you have them all in one response. If you have any other questions, feel free to contact us.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF.pdf VT 2015 Exchange Rate Filing - SERFF.xlsx

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Rate Filing Rates  
**Project Name/Number:** /

### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF.pdf VT 2015 Exchange Rate Filing - SERFF.xlsx

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - SERFF.xlsm

**SERFF Tracking #:**

MVPH-129560321

**State Tracking #:**

**Company Tracking #:**

**State:**

VermontGMCB

**Filing Company:**

MVP Health Plan, Inc.

**TOI/Sub-TOI:**

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:**

VT 2015 Exchange Filing Rates

**Project Name/Number:**

/

*UnifiedRateReviewSubmission\_VT\_Exchange\_2015\_20140529164040.xml*  
*URRT VT 2015 - SERFF.pdf*

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT 2015 Exchange Filing Rates

Project Name/Number: /

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF.pdf VT 2015 Exchange Rate Filing - SERFF.xlsx</i>

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>URRT VT 2015 - SERFF.xlsm</i>

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

*UnifiedRateReviewSubmission\_VT\_Exchange\_2015\_20140529164040.xml*  
*URRT VT 2015 - SERFF.pdf*

<b>Satisfied - Item:</b>	Plan Management Rates Template
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_IND_ON_20140905.pdf</i> <i>Rate Data Template_VT_IND_ON_20140905.xml</i> <i>Rate Data Template_VT_SMAL_ON_20140905.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xls</i> <i>Rate Data Template_VT_IND_ON_20140905.zip</i> <i>Rate Data Template_VT_SMAL_ON_20140905.xml</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_SMAL_ON_20140903.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140903.xml</i> <i>Rate Data Template_VT_IND_ON_20140903.xml</i> <i>Rate Data Template_VT_IND_ON_20140903.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140903.zip</i> <i>Rate Data Template_VT_IND_ON_20140903.zip</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_SMAL_ON_20140528.xlsm</i> <i>Rate Data Template_VT_SMAL_ON_20140528.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140528.xml</i>

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT 2015 Exchange Rate Filing Rates

Project Name/Number: /

**Supporting Document Schedule Item Changes**

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF.pdf VT 2015 Exchange Rate Filing - SERFF.xlsx

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - SERFF.xlsm

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Filing Company:** MVP Health Plan, Inc.  
**Project Name/Number:** /

*UnifiedRateReviewSubmission\_VT\_Exchange\_2015\_20140529164040.xml*  
*URRT VT 2015 - SERFF.pdf*

<b>Satisfied - Item:</b>	Plan Management Rates Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Rate Data Template_VT_IND_ON_20140905.pdf Rate Data Template_VT_IND_ON_20140905.xml Rate Data Template_VT_SMAL_ON_20140905.pdf Rate Data Template_VT_SMAL_ON_20140905.xls Rate Data Template_VT_IND_ON_20140905.zip Rate Data Template_VT_SMAL_ON_20140905.xml
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_SMAL_ON_20140903.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140903.xml</i> <i>Rate Data Template_VT_IND_ON_20140903.xml</i> <i>Rate Data Template_VT_IND_ON_20140903.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140903.zip</i> <i>Rate Data Template_VT_IND_ON_20140903.zip</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Data Template_VT_SMAL_ON_20140528.xlsm</i> <i>Rate Data Template_VT_SMAL_ON_20140528.pdf</i> <i>Rate Data Template_VT_SMAL_ON_20140528.xml</i>

<b>Satisfied - Item:</b>	Rate Increase Exhibit
<b>Comments:</b>	
<b>Attachment(s):</b>	Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx Rate Increase Exhibit v2 FINAL VALUES ONLY.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Rate Increase Exhibit</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx</i> <i>Rate Increase Exhibit v2 FINAL VALUES ONLY.pdf</i>

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

---

**State:**

VermontGMCB

**Filing Company:**

MVP Health Plan, Inc.

**TOI/Sub-TOI:**

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:**

VT 2015 Exchange Filing Rates

**Project Name/Number:**

/

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,*

*Eric Bachner*

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 09/10/2014  
 Submitted Date 09/10/2014

Dear Thomas Crompton,

**Introduction:**

**Response 1**

**Comments:**

Please see the attached supporting documentation item which contains MVP's response to L&E's most recent objection letter.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Response to Objection Letter #7
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - v3 FINAL.pdf URRT VT 2015 - v3 FINAL.xlsm Response to Objection #7.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Matt Lombardo

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/08/2014  
Submitted Date 09/08/2014

*Dear Thomas Crompton,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*Please see the enclosed supporting document, which was created and added to comply with the objection. The file is provided in both an excel version and a pdf. If you have any questions, feel free to contact Matt Lombardo or myself.*

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Rate Increase Exhibit
<b>Comments:</b>	
<b>Attachment(s):</b>	Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx Rate Increase Exhibit v2 FINAL VALUES ONLY.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Conclusion:**

*Sincerely,  
Eric Bachner*

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 09/05/2014  
 Submitted Date 09/05/2014

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

Please see the revised supporting documentation items which contain MVP's rate filing modifications to comply with the GMCB Decision and Order on 09/02/2014.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF.pdf VT 2015 Exchange Rate Filing - SERFF.xlsx

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Rate Filing Rates  
**Project Name/Number:** /

### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF.pdf VT 2015 Exchange Rate Filing - SERFF.xlsx</i>

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>URRT VT 2015 - SERFF.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_20140529164040.xml URRT VT 2015 - SERFF.pdf</i>

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Rate Filing Rates  
**Project Name/Number:** /

### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF.pdf VT 2015 Exchange Rate Filing - SERFF.xlsx</i>

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>URRT VT 2015 - SERFF.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_20140529164040.xml URRT VT 2015 - SERFF.pdf</i>

<b>Satisfied - Item:</b>	Plan Management Rates Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Rate Data Template_VT_SMAL_ON_20140903.pdf Rate Data Template_VT_SMAL_ON_20140903.xml Rate Data Template_VT_IND_ON_20140903.xml Rate Data Template_VT_IND_ON_20140903.pdf Rate Data Template_VT_SMAL_ON_20140903.zip Rate Data Template_VT_IND_ON_20140903.zip
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Plan Management Rates Template</i>
<b>Comments:</b>	

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name:

VT 2015 Exchange Filing Rates

Project Name/Number:

/

Attachment(s):

*Rate Data Template\_VT\_SMAL\_ON\_20140528.xlsm*  
*Rate Data Template\_VT\_SMAL\_ON\_20140528.pdf*  
*Rate Data Template\_VT\_SMAL\_ON\_20140528.xml*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,*

*Matt Lombardo*

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/15/2014  
Submitted Date 07/15/2014

*Dear Thomas Crompton,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*Please see the attached file which contains MVP's response to L&E's 7/14/14 Objection Letter.*

Regards,  
Matt Lombardo

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Response to Objection Letter #5
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to Objection #5.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Conclusion:**

Sincerely,  
Matt Lombardo

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/10/2014  
Submitted Date 07/10/2014

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

Please see the attached files which contain MVP's response to Objection Letter #4.

Regards,  
Matt Lombardo

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Response to Objection Letter #4
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to Objection #4 - Quantitative Responses SERFF.pdf Response to Objection #4 - Quantitative Responses SERFF.xlsx Response to Objection #4 - via HCA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Matt Lombardo

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 07/09/2014  
 Submitted Date 07/09/2014

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

Please see the attached files which contain MVP's response to Objection Letter #3.

Regards,  
 Matt Lombardo

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Response to Objection Letter #3
<b>Comments:</b>	Please see the attached files which contain MVP's response to Objection Letter #3. Regards, Matt Lombardo
<b>Attachment(s):</b>	Response to Objection #3 - Quantitative Responses.pdf Response to Objection #3 - Quantitative Responses.xlsx Response to Objection #3.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
 Matt Lombardo

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 07/02/2014  
 Submitted Date 07/02/2014

Dear Thomas Crompton,

**Introduction:**

**Response 1**

**Comments:**

Please see the attached documents which contain a redacted version of MVP's Pediatric Dental Memorandum received from consultants.

Regards,  
Matt Lombardo

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Response to Objection Letter #2 - REDACTED VERSION
<b>Comments:</b>	
<b>Attachment(s):</b>	MVP Vermont Ped Dental 20130627 REDACTED.pdf Response to Objection #2 - Quantitative Responses SERFF.pdf Response to Objection #2.pdf Response to Objection #2 - Quantitative Responses SERFF.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Matt Lombardo

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/17/2014  
Submitted Date 06/17/2014

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

Please see the attached supporting documentation items below.

Regards,  
Matt Lombardo

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Response to Objection Letter #1
<b>Comments:</b>	Please see the attachments below which contain MVP's response to L&E's Objection Letter dated June 10, 2014. Regards, Matt Lombardo
<b>Attachment(s):</b>	Response to Objection #1 - Quantitative Responses SERFF.pdf Response to Objection #1 - Quantitative Responses SERFF.xlsx Response to Objection #1 - SERFF.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Matt Lombardo

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Matt Lombardo on 07/02/2014 11:16 AM

**Last Edited By:**

Matt Lombardo

**Submitted On:**

07/02/2014 02:12 PM

**Subject:**

Request for Confidentiality - Response to Objection Letter #2

**Comments:**

On June 30, 2014 MVP filed its responses to the Lewis Ellis Second Objection letter in SERFF. We inadvertently failed to identify confidential information and request that it be designated confidential. The information in question is contained in an exhibit to that filing, a June 27, 2013 Milliman Memo on Pediatric Dental Pricing. We make this request for confidentiality pursuant to 1 V.S.A. § 317 (c)(9), and ask that the designated language remain confidential and not subject to disclosure under Vermont's public records law. The disclosure of this information, which is partly based upon and/or derived from MVP's contractual agreements with providers and facilities would put our organization at a competitive disadvantage. The public disclosure of this information will undermine MVP's private negotiations, advantage our competitors, and potentially result in increased premiums for Vermonters.

The following portions of Milliman's June 27, 2013 Memo on Pediatric Dental Pricing have been redacted in the attached file:

**REDACTIONS**

Page 1 Contents of Table after heading through end of page 1

Page 2 Remaining Contents of Table after heading through end of page 2

Page 3 Entire page

Page 4 Entire page up to Howard Kahn signature block

Regards,  
Matt Lombardo



**MEMO**

June 27, 2013

One Pennsylvania Plaza,  
38<sup>th</sup> Floor  
New York, NY 10119  
**Tel** +1 646 473.3000  
**Fax** +1 646 473.3199  
[www.milliman.com](http://www.milliman.com)

To Kathleen Fish, Matt Lombardo (MVP)  
From Howard Kahn (Milliman)  
Subject Vermont Pediatric Dental Pricing

---

As requested, we have estimated the incremental cost of adding pediatric dental in the individual and small group plans MVP Health Care (MVP) intends to offer in Vermont during 2014.

**Results**

Below are our estimates for the incremental 2014 allowed and paid Per Member Per Month (PMPM) costs for embedding pediatric dental into each plan MVP will be offering in Vermont.

<b>MVP Health Plan - Vermont Pediatric Dental Costs - Individual</b>			
<b>Plan Description</b>	<b>Form Number</b>	<b>Estimated 2014 Allowed Cost PMPM</b>	<b>Estimated 2014 Net Claims Cost PMPM</b>

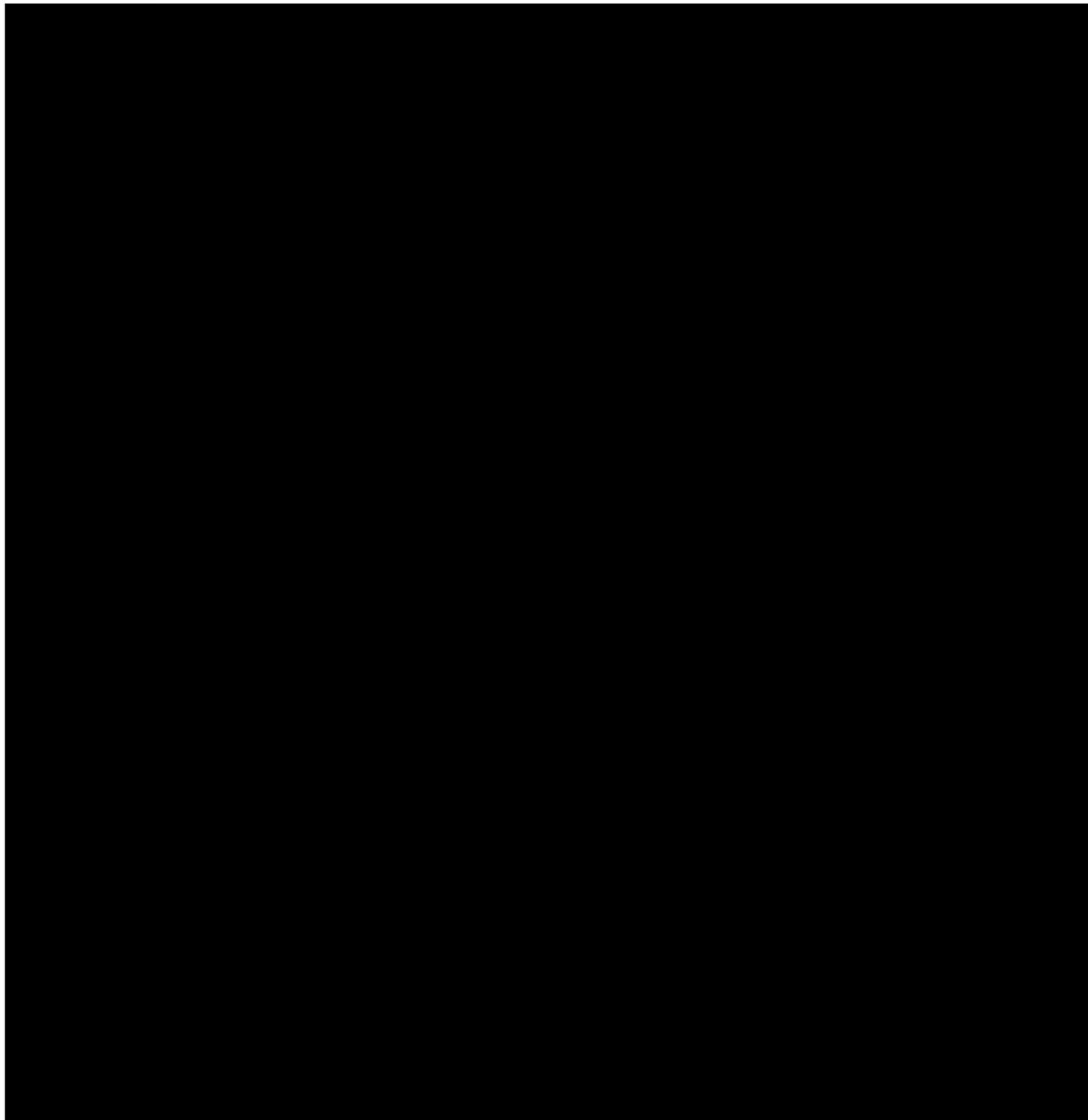
[Redacted Content]			
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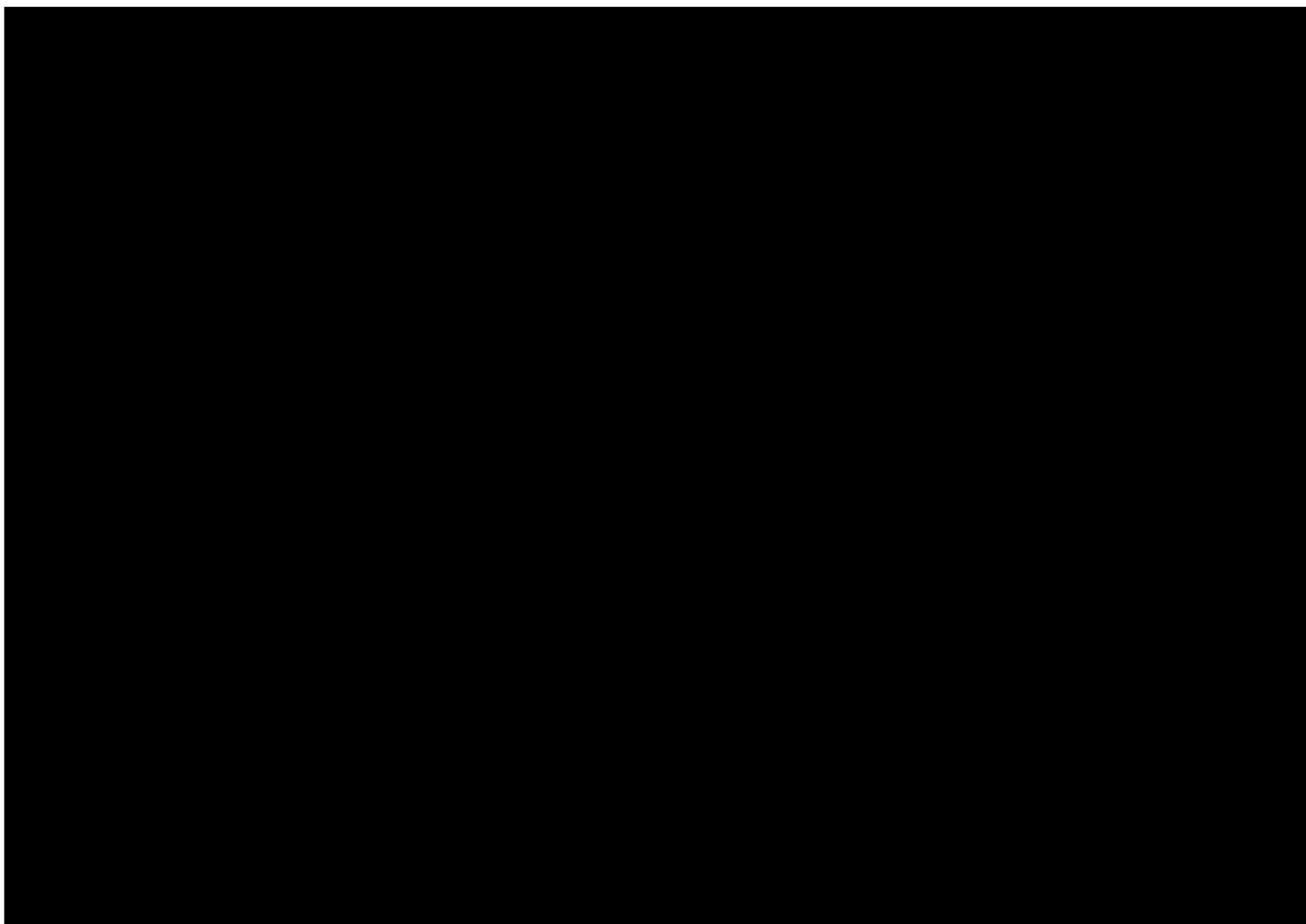


MVP Health Plan - Vermont Pediatric Dental Costs - Small Group			
Plan Description	Form Number	Estimated 2014 Allowed Cost PMPM	Estimated 2014 Net Claims Cost PMPM

[Redacted Content]			
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[Redacted Content]			
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*Howard B Kahn*

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Howard Kahn, FSA, MAAA  
Consulting Actuary  
June 27, 2013

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Matt Lombardo on 06/20/2014 07:56 AM

**Last Edited By:**

Matt Lombardo

**Submitted On:**

07/02/2014 10:57 AM

**Subject:**

Request for Confidentiality v2

**Comments:**

To Whom It May Concern:

Pursuant to 1 V.S.A. § 317 (c)(9), MVP requests that the designated portions of our Objection Letter response, dated June 17, 2014, remain confidential and not subject to disclosure under Vermont's public records law. The disclosure of this information, which is partly based upon and/or derived from MVP's contractual agreements with providers and facilities would put our organization at a competitive disadvantage. In part, the information reflects reimbursement rates that were the subject of MVP's negotiation with an entity that also negotiates with MVP competitors. The public disclosure of this information will undermine MVP's private negotiations, advantage our competitors, and potentially result in increased premiums for Vermonters.

Sincerely,  
Matt Lombardo

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Matt Lombardo on 06/17/2014 04:07 PM

**Last Edited By:**

Matt Lombardo

**Submitted On:**

07/02/2014 10:57 AM

**Subject:**

Request for Confidentiality

**Comments:**

Pursuant to 1 V.S.A. § 317 (c)(9), MVP requests that the designated portions of our Objection Letter response, dated June 17, 2014, remain confidential and not subject to disclosure under Vermont's public records law. The disclosure of this information, which is partly based upon and/or derived from MVP's contractual agreements with providers and facilities would put our organization at a competitive disadvantage.

Sincerely,  
Matt Lombardo

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Eric Bachner on 06/02/2014 03:58 PM

**Last Edited By:**

Matt Lombardo

**Submitted On:**

07/02/2014 10:57 AM

**Subject:**

Filing submitted

**Comments:**

Tom,

We believe that we have attached all necessary documents for the rate filing and submitting it now. If you have any questions, please refer to the email addresses provided to you by Matt Lombardo.

Thanks,  
Eric Bachner

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Post Submission Update Request Processed On 09/17/2014

**Status:** Allowed  
**Created By:** Matt Lombardo  
**Processed By:** Thomas Crompton  
**Comments:** This psot-submission update is allowed.

### Company Rate Information:

Company Name:MVP Health Plan, Inc.

Field Name	Requested Change	Prior Value
Overall % Indicated Change	10.700%	14.400%
Overall % Rate Impact	10.700%	14.400%
Written Premium Change for this Program	\$2183243	\$2942940
Maximum %Change (where required)	13.800%	10.700%
Minimum %Change (where required)	6.400%	18.300%

#### REQUESTED RATE CHANGE INFORMATION:

Min:	6.400	10.700
Max:	13.800	18.3
Weighted Avg.:	10.700	15.4

#### REQUESTED RATE:

Projected Earned Premium:	22,587,390.000	23,347,087.000
Min:	190.040	186.400
Max:	589.040	577.300
Weighted Avg.:	392.310	405.500

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

### Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** %  
**Effective Date of Last Rate Revision:** 01/01/2014  
**Filing Method of Last Filing:** SERFF

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	10.700%	10.700%	\$2,183,243	2,371	\$20,404,146	13.800%	6.400%

State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
 Product Name: VT 2015 Exchange Filing Rates  
 Project Name/Number: /

**Rate Review Detail**

**COMPANY:**

Company Name: MVP Health Plan, Inc.  
 HHS Issuer Id: 77566

**PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Vermont HMO Contract Grp	77566VT005	77566VT005	1857
Vermont HMO Contract Ind	77566VT004	77566VT004	2941

Trend Factors:

**FORMS:**

New Policy Forms:  
 Affected Forms:  
 Other Affected Forms: VT Exchange COC

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual  
 Member Months: 57,576  
 Benefit Change: Increase  
 Percent Change Requested: Min: 6.4 Max: 13.8 Avg: 10.7

**PRIOR RATE:**

Total Earned Premium: 20,404,146.00  
 Total Incurred Claims: 18,423,370.00  
 Annual \$: Min: 168.92 Max: 513.21 Avg: 354.86

**REQUESTED RATE:**

Projected Earned Premium: 22,587,390.00  
 Projected Incurred Claims: 19,995,518.00  
 Annual \$: Min: 190.04 Max: 589.04 Avg: 392.31

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	Please see attached files.
<b>Attachment(s):</b>	VT 2015 Exchange Actuarial Memorandum.pdf VT 2015 Federal Actuarial Memorandum.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Civil Union Rating Requirements
<b>Comments:</b>	MVP's benefits being offered comply with the Civil Union rating requirements outlined in 8 V.S.A. § 4724.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Consumer Disclosure Form
<b>Comments:</b>	
<b>Attachment(s):</b>	Consumer Disclosure Form about Rate Increases - VT Exchange 2015.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Filing Compliance Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	Certification of Compliance - VT.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Third Party Filing Authorization
<b>Bypass Reason:</b>	N/A

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	UnifiedRateReviewSubmission_VT_Exchange_2015_20140917114333.xml URRT VT 2015 - v3 FINAL.pdf URRT VT 2015 - v3 FINAL.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Memo Dataset SERFF.xlsx Actuarial Memo Dataset SERFF.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Plan Management Rates Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Rate Data Template_VT_IND_ON_20140905.pdf Rate Data Template_VT_IND_ON_20140905.xml Rate Data Template_VT_SMAL_ON_20140905.pdf Rate Data Template_VT_SMAL_ON_20140905.xls Rate Data Template_VT_IND_ON_20140905.zip Rate Data Template_VT_SMAL_ON_20140905.xml
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Response to Objection Letter #1
<b>Comments:</b>	Please see the attachments below which contain MVP's response to L&E's Objection Letter dated June 10, 2014.  Regards, Matt Lombardo
<b>Attachment(s):</b>	Response to Objection #1 - Quantitative Responses SERFF.pdf Response to Objection #1 - Quantitative Responses SERFF.xlsx Response to Objection #1 - SERFF.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Filing Company:** MVP Health Plan, Inc.  
**Project Name/Number:** /

<b>Satisfied - Item:</b>	Response to Objection Letter #2 - REDACTED VERSION
<b>Comments:</b>	
<b>Attachment(s):</b>	MVP Vermont Ped Dental 20130627 REDACTED.pdf Response to Objection #2 - Quantitative Responses SERFF.pdf Response to Objection #2.pdf Response to Objection #2 - Quantitative Responses SERFF.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Response to Objection Letter #3
<b>Comments:</b>	Please see the attached files which contain MVP's response to Objection Letter #3.  Regards, Matt Lombardo
<b>Attachment(s):</b>	Response to Objection #3 - Quantitative Responses.pdf Response to Objection #3 - Quantitative Responses.xlsx Response to Objection #3.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Response to Objection Letter #4
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to Objection #4 - Quantitative Responses SERFF.pdf Response to Objection #4 - Quantitative Responses SERFF.xlsx Response to Objection #4 - via HCA.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Response to Objection Letter #5
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to Objection #5.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate Increase Exhibit
<b>Comments:</b>	
<b>Attachment(s):</b>	Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx Rate Increase Exhibit v2 FINAL VALUES ONLY.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**SERFF Tracking #:**

MVPH-129560321

**State Tracking #:**

**Company Tracking #:**

**State:**

VermontGMCB

**Filing Company:**

MVP Health Plan, Inc.

**TOI/Sub-TOI:**

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:**

VT 2015 Exchange Filing Rates

**Project Name/Number:**

/

<b>Satisfied - Item:</b>	Response to Objection Letter #7
<b>Comments:</b>	
<b>Attachment(s):</b>	URRT VT 2015 - v3 FINAL.pdf URRT VT 2015 - v3 FINAL.xlsm Response to Objection #7.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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<b>State:</b>	VermontGMCB	<b>Filing Company:</b>	MVP Health Plan, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO		
<b>Product Name:</b>	VT 2015 Exchange Filing Rates		
<b>Project Name/Number:</b>	/		

***Attachment VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment UnifiedRateReviewSubmission\_VT\_Exchange\_2015\_20140917114333.xml is not a PDF document and cannot be reproduced here.***

***Attachment URRT VT 2015 - v3 FINAL.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment Actuarial Memo Dataset SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_IND\_ON\_20140905.xml is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_SMAL\_ON\_20140905.xls is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_IND\_ON\_20140905.zip is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_SMAL\_ON\_20140905.xml is not a PDF document and cannot be reproduced here.***

***Attachment Response to Objection #1 - Quantitative Responses SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Response to Objection #2 - Quantitative Responses SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Response to Objection #3 - Quantitative Responses.xlsx is not a PDF document and cannot be reproduced here.***

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

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State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name:

VT 2015 Exchange Filing Rates

Project Name/Number:

/

***Attachment Response to Objection #4 - Quantitative Responses SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment URRT VT 2015 - v3 FINAL.xlsm is not a PDF document and cannot be reproduced here.***

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$200.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	40.00%	
OOP Maximum (\$)	\$6,600.00		
OOP Maximum if Separate (\$)			\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$16.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Generic \$20.00  
 VBID \$3.00  
 facility  
 Surgery

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 59.9%  
 Metal Tier: Bronze

**Bronze Non-Standard**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$6,400.00
Coinsurance (% , Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$6,400.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input checked="" type="checkbox"/>	
# Copays (1-10):	3

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 60.4%  
 Metal Tier: Bronze

Catastrophic

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,800.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%	
OOP Maximum (\$)			
OOP Maximum if Separate (\$)	\$5,300.00	\$1,300.00	\$6,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	37.98%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54.04%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Generic \$12.00  
 VBID \$3.00  
 facility \$1,400.00  
 Surgery \$600.00

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 68.14%  
 Metal Tier: Silver

**Silver Non-Standard**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$700.00	\$200.00	
Coinsurance (% , Insurer's Cost Share)	70.00%	50.00%	
OOP Maximum (\$)			
OOP Maximum if Separate (\$)	\$4,000.00	\$1,200.00	\$5,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	64.56%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69.36%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Generic \$12.00  
 VBID \$3.00  
 facility \$800.00  
 Surgery \$400.00

**Output**

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.9%  
 Metal Tier: Silver

**Silver 73 Non-Standard**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$300.00	\$100.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	60.00%	
OOP Maximum (\$)			
OOP Maximum if Separate (\$)	\$4,000.00	\$1,200.00	\$5,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82.28%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84.68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Generic \$12.00  
 VBID \$3.00  
 facility \$400.00  
 Surgery \$200.00

**Output**

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 Actuarial Value: 77.97%  
 Metal Tier:

Silver 77 Non-Standard

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$60.00	\$50.00	
Coinsurance (% , Insurer's Cost Share)	90.00%	60.00%	
OOP Maximum (\$)			
OOP Maximum if Separate (\$)	\$1,800.00	\$450.00	\$2,250.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	94.60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$8.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Generic \$10.00  
 VBID \$3.00  
 facility \$100.00  
 Surgery \$75.00

**Output**

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.94%  
 Metal Tier: Gold

**Silver 87 Non-Standard**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	95.00%	95.00%	
OOP Maximum (\$)			
OOP Maximum if Separate (\$)	\$1,800.00	\$450.00	\$2,250.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.96%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97.76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Generic \$5.00  
 VBID \$1.00  
 facility \$50.00  
 Surgery \$25.00

**Output**

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.9%  
 Metal Tier: Platinum

**Silver 94 Non-Standard**

**APPENDIX B**

**Standard Plan Designs**

Deductible/OOP Max	Deductible Plans				HDHPs	
	Platinum	Gold	Silver	Bronze	Silver	Bronze
Type of Plan	Deductible	Deductible	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$100	\$750	\$1,900	\$3,500	\$1,550	\$2,000
Rx Ded	\$0	\$50	\$100	\$300	\$1,250	\$1,250
Integrated Ded	No	No	No	No	Yes	Yes
Medical OOPM	\$1,250	\$4,250	\$5,100	\$6,350	\$5,750	\$6,250
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
Integrated OOPM	No	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Preventive	Preventive	Preventive
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Wellness scripts	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>					
Inpatient <sup>1</sup>	10%	20%	40%	50%	20%	50%
Outpatient <sup>2</sup>	10%	20%	40%	50%	20%	50%
ER <sup>3</sup>	\$100	\$150	\$250	50%	20%	50%
Radiology (MRI, CT, PET)	10%	20%	40%	50%	20%	50%
Preventive	\$0	\$0	\$0	\$0	0%	0%
PCP Office Visit	\$10	\$15	\$20	\$35	10%	50%
MH/SA Office Visit	\$10	\$15	\$20	\$35	10%	50%
Specialist Office Visit <sup>4</sup>	\$20	\$25	\$40	\$80	20%	50%
Urgent Care	\$40	\$45	\$60	\$100	20%	50%
Ambulance	\$50	\$50	\$100	\$100	20%	50%
Rx Generic	\$5	\$5	\$12	\$20	\$10	\$12
Rx Preferred Brand	\$40	\$40	\$50	\$80	\$40	40%
Rx Non-Preferred Brand	50%	50%	50%	60%	50%	60%
<b>Actuarial Value</b>						
Federal AVC, Adjusted if Necessary	88.0%	79.5%	71.2%	61.5%	69.2%	60.6%

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

2 Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

3 ER copay is waived if admitted.

4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

**Standard Plan Designs – Cost Sharing Reduction Plans (Deductibles)**

Deductible/OOP Max	Cost Sharing Reduction Plan Designs - Deductible Plans				
	300% FPL + (70% AV)	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$1,900	\$1,900	\$1,500	\$600	\$100
Rx Ded	\$100	\$100	\$100	\$100	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$5,100	\$4,000	\$3,000	\$1,250	\$500
Rx OOPM	\$1,250	\$1,200	\$1,000	\$400	\$200
Integrated OOPM	No	No	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient <sup>1</sup>	40%	40%	40%	40%	10%
Outpatient <sup>2</sup>	40%	40%	40%	40%	10%
ER <sup>3</sup>	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	40%	40%	40%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$20	\$20	\$20	\$10	\$5
MH/SA Office Visit	\$20	\$20	\$20	\$10	\$5
Specialist Office Visit <sup>4</sup>	\$40	\$40	\$40	\$30	\$15
Urgent Care	\$60	\$60	\$60	\$50	\$35
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$12	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$50	\$50	\$50	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
<b>Actuarial Value</b>					
Federal AVC, Adjusted if Necessary	71.2%	73.3%	76.2%	86.0%	93.4%

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

2 Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

3 ER copay is waived if admitted.

4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

**Standard Plan Designs – Cost Sharing Reduction Plans (HDHPs)**

Deductible/OOP Max	Cost Sharing Reduction Plan Designs - HDHPs				
	300% FPL + (70% AV)	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,550	\$1,400	\$1,250	\$1,000	\$450
Rx Ded	\$1,250	\$1,250	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,750	\$3,400	\$2,500	\$1,000	\$450
Rx OOPM	\$1,250	\$1,250	\$1,250	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>				
Inpatient <sup>1</sup>	20%	20%	20%	0%	0%
Outpatient <sup>2</sup>	20%	20%	20%	0%	0%
ER <sup>3</sup>	20%	20%	20%	0%	0%
Radiology (MRI, CT, PET)	20%	20%	20%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit <sup>4</sup>	20%	20%	20%	0%	0%
Urgent Care	20%	20%	20%	0%	0%
Ambulance	20%	20%	20%	0%	0%
Rx Generic	\$10	\$10	\$5	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$30	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
<b>Actuarial Value</b>					
Federal AVC, Adjusted if Necessary	69.2%	73.3%	76.8%	87.2%	93.8%

<sup>1</sup> Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>2</sup> Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>3</sup> ER copay is waived if admitted.

<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$400.00	\$100.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	50.00%	
OOP Maximum (\$)			
OOP Maximum if Separate (\$)	\$5,300.00	\$1,300.00	\$6,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84.48%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86.44%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Generic	\$5.00
VBID	\$1.00
facility	\$400.00
Surgery	\$200.00

**Output**

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.02%

Metal Tier:

Gold

**Gold Non-Standard**

**Appendix D**

**Screen shots and AV Development**

1. Silver HDHP
2. Bronze HDHP
3. Bronze Deductible Plan
4. Silver HDHP CSR – 73%
5. Silver HDHP CSR – 77%
6. Silver HDHP CSR – 87%
7. Silver HDHP CSR – 94%

### 1. Silver HDHP

AV from AVC = 70.8%

Adjusted AV = 69.2%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?   
 Apply Inpatient Copay per Day?   
 Apply Skilled Nursing Facility Copay per Day?   
 Use Separate OOP Maximum for Medical and Drug Spending?   
 Indicate if Plan Meets CSR Standards?

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$1,550.00			
Coinsurance (% Insurer's Cost Share)		80.00%			
OOP Maximum (\$)		\$5,750.00			
OOP Maximum if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1	Tier 2
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum:   
 Set a Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10):   
 Begin Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10):   
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 70.84%  
 Metal Tier: Silver

**1. Silver HDHP, Continued**

HDHP Model – Normalization:

<b>Inputs</b>				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		1,550	1,550	
Family Deductible		3,100	3,100	
Individual Out-of-Pocket		5,750	5,750	
Family Out-of-Pocket		11,500	11,500	
Coinsurance (50% or Less)		18%	33%	
Costs that Accumulate				
			OOP	
		Deductible	Medical	Rx
				Deductible / OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 10px; background-color: #4F81BD; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>				
<b>Results</b>				
		Medical	Rx	Total
Allowed PMPM		\$210.01	\$52.50	\$262.51
Plan PMPM		\$155.85	\$30.09	\$185.94
Actuarial Value		74.2%	57.3%	70.8%

1. Silver HDHP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		1,550	1,550	
Family Deductible		3,100	3,100	
Individual Out-of-Pocket		5,750	1,250	
Family Out-of-Pocket		11,500	2,500	
Coinsurance (50% or Less)		18%	33%	
Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4F81BD; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$210.01	\$52.50	\$262.51
Plan PMPM		\$147.42	\$34.27	\$181.69
Actuarial Value		70.2%	65.3%	69.2%

## 2. Bronze HDHP

AV from AVC = 63.3%

Adjusted AV = 60.6%

### AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate GOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,000.00			
		\$0.00%			
		\$6,250.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: \_\_\_\_\_

Set a Maximum Number of Days for Charging an IP Copay?

# Days (1-10): \_\_\_\_\_

Begin Primary Care Cost-Sharing After a Set Number of Visits?

# Visits (1-10): \_\_\_\_\_

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

# Copays (1-10): \_\_\_\_\_

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value: 63.32%

Metal Tier:

**2. Bronze HDHP, Continued**

HDHP Model – Normalization:

<b>Inputs</b>				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible	2,000	2,000		
Family Deductible	4,000	4,000		
Individual Out-of-Pocket	6,250	6,250		
Family Out-of-Pocket	12,500	12,500		
Coinsurance (50% or Less)	50%	45%		
Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 10px; background-color: #4F81BD; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>				
<b>Results</b>				
		Medical	Rx	Total
Allowed PMPM	\$233.41	\$58.35	\$291.76	
Plan PMPM	\$153.54	\$31.16	\$184.70	
Actuarial Value	65.8%	53.4%	63.3%	

2. **Bronze HDHP, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		2,000	1,250	
Family Deductible		4,000	2,500	
Individual Out-of-Pocket		6,250	1,250	
Family Out-of-Pocket		12,500	2,500	
Coinsurance (50% or Less)		50%	45%	
Costs that Accumulate				
			OOP	
		Deductible	Medical	Rx
				Deductible / OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4F81BD; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>				
<b>Results</b>				
		Medical	Rx	Total
Allowed PMPM		\$233.41	\$58.35	\$291.76
Plan PMPM		\$138.77	\$38.17	\$176.95
Actuarial Value		59.5%	65.4%	60.6%

### 3. Bronze Deductible

AV from AVC = 60.0%

Adjustments = Wakely pricing model at \$300 Deductible / Wakely pricing model at \$200 Deductible x HDHP Model with drug adjustments / HDHP Model without drug adjustments = 59.5%/60.0% x

61.5%/59.5% = 1.025

Adjusted AV = 60.0% x 1.025 = 61.5%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$200.00				
Coinsurance (% , Insurer's Cost Share)	50.00%	40.00%				
OOP Maximum (\$)	\$6,350.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 60.01%

Metal Tier: Bronze

### 3. Bronze Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		3,500	300	
Family Deductible		7,000	600	
Individual Out-of-Pocket		6,350	6,350	
Family Out-of-Pocket		12,700	12,700	
Coinsurance (50% or Less)		48%	57%	
Costs that Accumulate				
		OOP		Deductible /
		Deductible	Medical	Rx
				OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4F81BD; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$223.99	\$56.00	\$279.98
Plan PMPM		\$135.07	\$31.41	\$166.48
Actuarial Value		60.3%	56.1%	59.46%

### 3. Bronze Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		3,500	300	
Family Deductible		7,000	600	
Individual Out-of-Pocket		6,350	1,250	
Family Out-of-Pocket		12,700	2,500	
Coinsurance (50% or Less)		48%	57%	
Costs that Accumulate				
		OOP		Deductible /
		Deductible	Medical	Rx
		Rx	Deductible /	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$223.99	\$56.00	\$279.98
Plan PMPM		\$132.72	\$39.56	\$172.29
Actuarial Value		59.3%	70.7%	61.53%

**4. Silver HDHP CSR – 73%**

AV from AVC = 74.9%

Adjusted AV = 73.3%

**AVC Screen Shot:**

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilizations:	
		2nd Tier Utilizations:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,400.00			
		\$0.00%			
		\$3,400.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

# Days (1-30):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

# Visits (1-30):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

# Copays (1-30):

**Output**

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value: 74.93%

Metal Tier:

**4. Silver HDHP CSR – 73%, Continued**

HDHP Model – Normalization:

<b>Inputs</b>				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		1,400	1,400	
Family Deductible		2,800	2,800	
Individual Out-of-Pocket		3,400	3,400	
Family Out-of-Pocket		6,800	6,800	
Coinsurance (50% or Less)		18%	33%	
<b>Costs that Accumulate</b>				
			OOP	Deductible /
		Deductible	Medical	Rx
				OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked <input type="button" value="v"/>
<input type="button" value="Calculate"/>				
<b>Results</b>				
		Medical	Rx	Total
Allowed PMPM		\$227.17	\$56.79	\$283.96
Plan PMPM		\$177.14	\$35.65	\$212.79
Actuarial Value		78.0%	62.8%	74.9%

4. Silver HDHP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		1,400	1,250	
Family Deductible		2,800	2,500	
Individual Out-of-Pocket		3,400	1,250	
Family Out-of-Pocket		6,800	2,500	
Coinsurance (50% or Less)		18%	33%	
Costs that Accumulate				
		OOP		Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 15px; background-color: #4F81BD; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$227.17	\$56.79	\$283.96
Plan PMPM		\$169.81	\$38.43	\$208.25
Actuarial Value		74.8%	67.7%	73.3%

**5. Silver HDHP CSR – 77%**

AV from AVC = 78.7%

Adjusted AV = 76.8%

**AVC Screen Shot:**

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?  
 Apply Inpatient Copay per Day?  
 Apply Skilled Nursing Facility Copay per Day?  
 Use Separate OOP Maximum for Medical and Drug Spending?  
 Indicate if Plan Meets CSR Standard?

Desired Metal Tier: **Gold**

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,250.00			
		80.00%			
		\$2,500.00			

HSA/HRA Options: HSA/HRA Employer Contribution?  
 Blended Network/POS Plan?  
 Annual Contribution Amount:  
 1st Tier Utilization:  
 2nd Tier Utilization:

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:  
 Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):  
 Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):  
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful.  
 Actual Value: 78.68%  
 Metal Tier: Gold

**5. Silver HDHP CSR – 77%, Continued**

HDHP Model – Normalization:

<b>Inputs</b>				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		1,250	1,250	
Family Deductible		2,500	2,500	
Individual Out-of-Pocket		2,500	2,500	
Family Out-of-Pocket		5,000	5,000	
Coinsurance (50% or Less)		18%	25%	
<b>Costs that Accumulate</b>				
		OOP		Deductible /
		Deductible	Medical	Rx
		OOP Type		
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				
<b>Results</b>				
		Medical	Rx	Total
Allowed PMPM		\$239.17	\$59.79	\$298.96
Plan PMPM		\$193.63	\$41.51	\$235.14
Actuarial Value		81.0%	69.4%	78.7%

5. Silver HDHP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,250	1,250		
Family Deductible		2,500	2,500		
Individual Out-of-Pocket		2,500	1,250		
Family Out-of-Pocket		5,000	2,500		
Coinsurance (50% or Less)		18%	25%		
Costs that Accumulate					
		OOP		Deductible /	
		Deductible	Medical	Rx	
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate <input type="button" value="v"/>	
<div style="border: 1px solid black; border-radius: 10px; background-color: #4F81BD; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$239.17	\$59.79	\$298.96	
Plan PMPM		\$187.58	\$42.10	\$229.68	
Actuarial Value		78.4%	70.4%	76.8%	

**6. Silver HDHP CSR – 87%**

AV from AVC = 87.7%

Adjusted AV = 87.2%

**AVC Screen Shot:**

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?    
 Apply Inpatient Copay per Day?    
 Apply Skilled Nursing Facility Copay per Day?    
 Use Separate OOP Maximum for Medical and Drug Spending?    
 Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,000.00			
		100.00%			
		\$1,000.00			

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All <input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All <input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?    
 Specialty Rx Coinsurance Maximum:    
 Set a Maximum Number of Days for Charging an IP Copay?    
 # Days (1-30):    
 Begin Primary Care Cost-Sharing After a Set Number of Visits?    
 # Visits (1-30):    
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?    
 # Copays (1-30):

**Output**

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.   
 Actuarial Value: 87.65%   
 Metal Tier: Gold

**6. Silver HDHP CSR – 87%, Continued**

HDHP Model – Normalization:

<b>Inputs</b>				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		1,000	1,000	
Family Deductible		2,000	2,000	
Individual Out-of-Pocket		1,000	1,000	
Family Out-of-Pocket		2,000	2,000	
Coinsurance (50% or Less)		0%	0%	
Costs that Accumulate				
			OOP	Deductible /
		Deductible	Medical	Rx
				OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 10px; background-color: #4F81BD; color: white; padding: 10px 40px; display: inline-block; margin: 10px 0;">Calculate</div>				
<b>Results</b>				
		Medical	Rx	Total
Allowed PMPM		\$255.61	\$63.90	\$319.51
Plan PMPM		\$227.10	\$53.02	\$280.12
Actuarial Value		88.8%	83.0%	87.7%

6. Silver HDHP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		1,000	1,000	
Family Deductible		2,000	2,000	
Individual Out-of-Pocket		1,000	1,000	
Family Out-of-Pocket		2,000	2,000	
Coinsurance (50% or Less)		0%	0%	
Costs that Accumulate				
			OOP	Deductible /
	Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 10px; background-color: #4F81BD; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$255.61	\$63.90	\$319.51
Plan PMPM		\$225.73	\$52.80	\$278.52
Actuarial Value		88.3%	82.6%	87.2%

### 7. Silver HDHP CSR – 94%

AV from AVC = 93.9%

Adjusted AV = 93.8%

#### AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?   
 Apply Inpatient Copay per Day?   
 Apply Skilled Nursing Facility Copay per Day?   
 Use Separate OOP Maximum for Medical and Drug Spending?   
 Indicate if Plan Meets CSR Standard?   
 Desired Metal Tier: Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$450.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
OOP Maximum (\$)		\$450.00			
OOP Maximum if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \_\_\_\_\_  
 Set a Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10): \_\_\_\_\_  
 Begin Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10): \_\_\_\_\_  
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10): \_\_\_\_\_

**Output**

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actual Value: 93.88%  
 Metal Tier: Platinum

**7. Silver HDHP CSR – 94%, Continued**

HDHP Model – Normalization:

<b>Inputs</b>				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		450	450	
Family Deductible		900	900	
Individual Out-of-Pocket		450	450	
Family Out-of-Pocket		900	900	
Coinsurance (50% or Less)		0%	0%	
<b>Costs that Accumulate</b>				
		OOP		Deductible /
		Deductible	Medical	Rx
		OOP Type		
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked <input type="button" value="v"/>
<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; display: inline-block; background-color: #4a86e8; color: white;">                     Calculate                 </div>				
<b>Results</b>				
		Medical	Rx	Total
Allowed PMPM		\$264.01	\$66.00	\$330.01
Plan PMPM		\$249.44	\$60.28	\$309.73
Actuarial Value		94.5%	91.3%	93.9%

7. Silver HDHP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		450	450	
Family Deductible		900	900	
Individual Out-of-Pocket		450	450	
Family Out-of-Pocket		900	900	
Coinsurance (50% or Less)		0%	0%	
Costs that Accumulate				
		OOP		Deductible /
		Deductible	Medical	Rx
		Medical & Rx	Medical & Rx	Rx Only
Settings				Aggregate <input type="button" value="v"/>
<div style="border: 1px solid black; border-radius: 10px; background-color: #4F81BD; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$264.01	\$66.00	\$330.01
Plan PMPM		\$249.35	\$60.26	\$309.61
Actuarial Value		94.4%	91.3%	93.8%



**MEMO**

March 18, 2013

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To Kathleen Fish, Matt Lombardo (MVP)  
From Howard Kahn (Milliman)  
Subject Vermont EHB Pricing

---

As requested, we have estimated the cost of the following benefits included by Vermont in its Essential Health Benefits (EHB) package:

- Private duty nursing
- Sterilization Reversal
- Couples therapy
- Wigs
- Pediatric vision

MVP Health Care's (MVP) does not currently offer these benefits in Vermont.

In addition, we have:

- Estimated the annual visit limit equivalent to an annual \$2,000 limit for private duty nursing.
- Estimated the impact of removing contractual limits on days in a skilled nursing facility (SNF) and home health care visits.

**Results**

Our estimates for the incremental 2014 allowed Per Member Per Month (PMPM) cost, assuming a standard population, for each of the additional benefits are:

<b>Benefit</b>	<b>Estimated 2014 Allowed PMPM</b>
Private Duty Nursing	\$0.31
Sterilization Reversal	\$0.00
Couples Therapy	\$0.60
Wigs	\$0.02
Pediatric Vision	\$1.46

In addition, we estimate:

- A 4 visit annual limit is equivalent to a \$2,000 annual limit for private duty nursing in 2014.
- Increasing SNF day limits of 30, 45, 60, and 120 to unlimited results in an insignificant increase to the paid PMPM.
- Increasing home health visit limits of 40, 60, and 200 to unlimited results in an insignificant increase to the paid PMPM.

## Methodology

### *Private Duty Nursing*

Using the 2010 Truven Health Analytics MarketScan Commercial database (MarketScan)<sup>1</sup> for the Northeast region we identified all claims for the following codes provided by MVP with a place of service equal to 12:

- HCPCS
  - S9123
  - S9124
  - T1000
  - T1002
  - T1003
  - T1030
  - T1031

We trended the resulting per member amount by the secular trend for professional service of 6% per year recommended by Milliman's Health Cost Guidelines (HCGs)<sup>2</sup> for 4 years.

### *Sterilization Reversal*

Using the 2010 MarketScan Commercial database we identified all claims for the following codes provided by MVP:

- HCPCS
  - 55400
  - 58750
  - 58752
  - 58760
  - 58770
- ICD-9 Diagnosis Codes (primary position)
  - V26.0
  - V26.22

---

<sup>1</sup> This database contains all paid claims generated by approximately 35 million commercially insured lives. The MarketScan database represents the inpatient and outpatient healthcare service use of individuals nationwide who are covered by the benefit plans of large employers, health plans, government, and public organizations. The MarketScan database links paid claims and encounter data to detailed patient information across sites and types of providers, and over time. The annual medical database includes private sector health data from approximately 100 payers.

<sup>2</sup> The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing the HCGs and that data is updated annually. The HCGs provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The HCGs are developed as a result of Milliman's continuing research on health care costs. First developed in 1954, the HCGs have been updated and expanded annually since that time. The HCGs are continually monitored as they are used in measuring the experience or evaluating the rates of health plans, and as they are compared to other data sources.



- ICD-9 Procedure Codes
  - 63.82
  - 66.79

The total number of services for these codes in nationwide 2010 MarketScan was insignificant with a resulting allowed PMPM of almost \$0.00. Therefore, we estimate that the addition of this benefit will not materially increase claims costs.

### *Couples Therapy*

Using the 2010 MarketScan Commercial database we identified all claims for the following codes:

- HCPCS
  - 90847
  - 99510
- ICD-9 Diagnosis Code (primary position)
  - V61.10

We refined the list of codes provided by MVP to include only codes which we believe represent couple therapy services.

We trended the resulting per member amount by the secular trend for professional service of 6% per year recommended by Milliman's HCGs for 4 years and applied the psychiatric area factor of 1.04 recommended by Milliman's HCGs for Vermont.

### *Wigs*

Vermont is including wigs in its EHB when hair loss is due to disease or chemotherapy. Since wigs are not a commonly offered benefit, we are unable to derive credible utilization rates from the MarketScan database. Instead, we refer to other published literature to estimate the incremental cost for wigs due to chemotherapy, assuming no additional cost for other diseases:

<b>2014 Allowed Wig PMPM Development</b>		<b>Source</b>
Cancer Incidence (Under 65)	0.22%	<a href="http://seer.cancer.gov/statfacts/html/all.html">http://seer.cancer.gov/statfacts/html/all.html</a>
Probability of Losing Hair Under Chemo	65%	<a href="http://www.dermahaarcenter.ch/files/Directory/Publikationen/Chemotherapy.pdf">http://www.dermahaarcenter.ch/files/Directory/Publikationen/Chemotherapy.pdf</a>
Percent Female	48%	<a href="http://seer.cancer.gov/statfacts/html/all.html">http://seer.cancer.gov/statfacts/html/all.html</a>
2014 Unit Cost for Wigs	\$379.31	2010 Nationwide MarketScan (HCPCS A9282, trended annually at 6%)
2014 PMPY	\$0.26	
2014 PMPM	<b>\$0.02</b>	



### *Pediatric Vision*

Vermont is including pediatric vision (to age 21) in its EHB:

- 1 vision exam per year
- \$150 per year for vision hardware

We priced out the additional allowed PMPM cost for these benefits by calibrating our 2013 HCGs to Vermont and assuming 120% of Medicare reimbursement.

### *Annual visit limit for private duty nursing*

To convert an annual dollar limit to an annual visit limit for private duty nursing services, we develop a claims probability distribution from 2010 MarketScan for Northeast states. We used the codes described above to identify private duty nursing procedures.

The probability distribution table shown in Exhibit 1 represents 2010 claims trended by the secular trend for professional service of 6% per year recommended by Milliman's HCGs for 4 years. The table estimates the probability that the allowed cost for a private duty nursing visit will fall within certain ranges.

Based on a simulation of 10,000 trials, we estimated that 4.20 visits on average will exceed \$2,000.

### *Benefit Relativities for increased contractual limits on skilled nursing facility (SNF) and home care*

MVP currently offers plans in Vermont that have:

- SNF day limits of 30, 45, 60 and 120
- Home health care visit limits of 40, 60 and 200

Using the 2013 SNF length of stay tables found in the HCGs, adjusted for Milliman's standard plan design (80/20 coinsurance with a \$500 deductible) and Vermont's utilization and unit cost, we estimate an insignificant increase in total estimated paid PMPM amounts if the limit for day in SNF is removed.

Since the HCGs do not have home health care visit distributions, we developed a probability distribution for members utilizing home health care from 2010 MarketScan for Northeast states. Based on these results, we estimate an insignificant increase in total estimated paid PMPM amounts if the limit for home health care visits is removed.

### **Data Reliance**

We relied on the following files provided by MVP:

- VermontNewBenefits.pdf
- Codes for VT Exchange Benefits.xlsx



**Additional Notes and Caveats**

Our models are based on the assumptions listed above and the data you have provided to us. If you believe any of our assumptions are incorrect, please let us know and we will amend our models accordingly. Actual experience will vary from expected.

This memo has been produced for the sole benefit of MVP and is not for distribution outside MVP.

Howard Kahn is employed by Milliman, Inc. and is a member of the American Academy of Actuaries and meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion in this report.

cc: Rob Parke (Milliman)

**Exhibit 1**  
**MVP Health Care**  
**Private Duty Nursing Simulation**  
**Converting \$2,000 Annual Dollar Limit to Visit Limit**

**Private Duty Nursing Probability Distribution\***

<b>Lower Bound</b>	<b>Upper Bound</b>	<b>2014 Average Allowed Unit Cost per Visit</b>	<b>Visits</b>	<b>Probability</b>
\$0	\$25	\$16.64	30	0.1%
\$26	\$50	\$39.34	139	0.4%
\$51	\$76	\$68.21	696	2.2%
\$77	\$101	\$91.10	823	2.6%
\$102	\$126	\$115.51	3,362	10.6%
\$127	\$158	\$142.00	2,809	8.9%
\$159	\$189	\$176.64	737	2.3%
\$190	\$221	\$208.01	772	2.4%
\$222	\$252	\$233.14	1,061	3.3%
\$253	\$316	\$282.19	1,855	5.8%
\$317	\$379	\$353.86	1,445	4.6%
\$380	\$442	\$410.23	1,577	5.0%
\$443	\$505	\$477.77	1,766	5.6%
\$506	\$631	\$574.33	3,214	10.1%
\$632	\$757	\$708.05	1,809	5.7%
\$758	\$884	\$826.84	1,201	3.8%
\$885	\$1,010	\$955.95	1,791	5.6%
\$1,011	\$1,136	\$1,060.72	1,698	5.4%
\$1,137	\$1,262	\$1,190.31	1,021	3.2%
\$1,263	\$1,389	\$1,324.64	820	2.6%
\$1,390	\$1,515	\$1,484.55	727	2.3%
\$1,516	\$1,641	\$1,577.93	878	2.8%
\$1,642	\$1,767	\$1,700.09	489	1.5%
\$1,768	\$1,894	\$1,831.38	226	0.7%
\$1,895	\$2,020	\$1,966.49	74	0.2%
\$2,021	\$2,146	\$2,096.32	129	0.4%
\$2,147	\$2,272	\$2,261.47	205	0.6%
\$2,273	\$2,399	\$2,349.88	60	0.2%
\$2,400	\$2,525	\$2,481.25	33	0.1%
\$2,526		\$4,954.81	267	0.8%

Number of Simulation Trials	<b>10,000</b>
Average Number of Visits to Meet \$2,000 Threshold	<b>4.20</b>

\*Data represents 2010 MarketScan trended at 6% annually to 2014



**MVP Health Care -- 2015 Exchange Rate Filing**

MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 3a -- Pediatric Dental
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- 2014 Premium Rates

**Exhibit 1 -- Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

Coplans	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits										Pharmacy		
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Ded	Deductible Type	Coins.	Med OOP Max		Rx OOP Max	OOP Max Type
FRVT-HMO-P-001-S	HyHMO	Platinum	Standard	\$10	\$20	10%	\$100	10%	\$50	\$150	Stacked	10%	\$1,250	\$1,250	Separate	\$5 / \$40 / 50%
FRVT-HMO-G-001-S	HyHMO	Gold	Standard	\$15	\$25	20%	\$150	20%	\$50	\$750	Stacked	20%	\$4,250	\$1,250	Separate	\$5 / \$40 / 50% \$50 Brand Ded
FRVT-HMO-G-002-N	HyHMO	Gold	Non-Standard	\$5	\$30	20%	\$200*	\$200	\$50*	\$400	Stacked	20%	\$5,350	\$1,300	Separate	\$5 / \$40 / 50%, \$100 Brand Ded, VBID = \$1 #
FRVT-HMO-S-001-S	HyHMO	Silver	Standard	\$25	\$45	40%	\$250*	40%	\$100	\$1,900	Stacked	40%	\$5,100	\$1,250	Separate	\$12 / \$50 / 50%, \$100 Brand Ded
FRVT-HMOH-S-001-S	HDHMO	Silver	Standard	10%	20%	20%	20%	20%	20%	\$1,550	Aggregate	20%	\$5,750	\$1,300	Integrated	\$10 / \$40 / 50%
FRVT-HMO-S-001-N	HyHMO	Silver	Non-Standard	\$15	\$50*	50%	\$250*	\$600	\$100*	\$1,800	Stacked	50%	\$5,350	\$1,300	Separate	\$12 / \$40 / 50%, \$250 Brand Ded, VBID = \$3 #
FRVT-HMO-B-001-S	HMO	Bronze	Standard	\$35*	\$80*	50%	50%	50%	\$100*	\$3,500	Stacked	50%	\$6,350	\$1,250	Integrated	\$20 / \$80 / 60%, \$300 Brand Ded
FRVT-HMOH-B-001-S	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$2,000	Aggregate	50%	\$6,250	\$1,300	Integrated	\$12 / 40% / 60%
FRVT-HMO-B-001-N	HMO	Bronze	Non-Standard	\$30*	\$100*	50%	50%	50%	\$100*	\$3,000	Stacked	50%	\$6,600	\$1,300	Integrated	\$20 / \$90 / 60%, \$200 Brand Ded, VBID = \$3 #
FRVT-HMO-C-001-S	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$6,400	Stacked	0%	\$6,350	\$1,250	Integrated	\$0 / \$0 / \$0

Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits										Pharmacy		
Coplans	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Ded	Deductible Type	Coins.	Med OOP Max		Rx OOP Max	OOP Max Type
FRVT-HMO-S1-001-S	HyHMO	Silver	Standard	\$25	\$45	40%	\$250*	40%	\$100	\$1,900	Stacked	40%	\$4,000	\$1,200	Separate	\$12/\$50/50% (\$100 Brand DED)
FRVT-HMO-S1-002-S	HyHMO	Silver	Standard	\$10	\$30	40%	\$250*	40%	\$100	\$600	Stacked	40%	\$1,250	\$400	Separate	\$10/\$50/50% (\$100 Brand DED)
FRVT-HMO-S1-003-S	HyHMO	Silver	Standard	\$5	\$15	10%	\$75*	10%	\$50	\$100	Stacked	10%	\$500	\$200	Separate	\$5/\$20/30%
FRVT-HMO-S1-004-S	HyHMO	Silver	Standard	\$20	\$40	40%	\$250*	40%	\$100	\$1,500	Stacked	40%	\$3,000	\$1,000	Separate	\$12/\$50/50% (\$100 Brand DED)
FRVT-HMOH-S1-001-S	HDHMO	Silver	Standard	10%	20%	20%	20%	20%	20%	\$1,400	Aggregate	20%	\$3,400	\$1,300	Integrated	\$10/\$40/50%
FRVT-HMOH-S1-002-S	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,000	Aggregate	0%	\$1,000	\$1,000	Integrated	\$0/\$0/0%
FRVT-HMOH-S1-003-S	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$450	Aggregate	0%	\$450	\$450	Integrated	\$0/\$0/0%
FRVT-HMOH-S1-004-S	HDHMO	Silver	Standard	10%	20%	20%	20%	20%	20%	\$1,250	Aggregate	20%	\$2,500	\$1,300	Integrated	\$5/\$30/50%
FRVT-HMO-S1-001-N	HyHMO	Silver	Non-Standard	\$10	\$50*	30%	\$150*	\$400*	\$100*	\$700	Stacked	30%	\$4,000	\$1,200	Separate	\$12/\$40/50% (\$200 DED), VBID = \$3 #
FRVT-HMO-S1-002-N	HyHMO	Silver	Non-Standard	\$5	\$30*	10%	\$100*	\$75*	\$100*	\$60	Stacked	10%	\$1,800	\$450	Separate	\$10/\$25/40% (\$50 Brand DED), VBID = \$3 #
FRVT-HMO-S1-003-N	HyHMO	Silver	Non-Standard	\$5	\$10*	5%	\$50*	\$25*	\$50*	\$0	Stacked	5%	\$1,800	\$450	Separate	\$5/\$10/5%, VBID = \$1 #
FRVT-HMO-S1-004-N	HyHMO	Silver	Non-Standard	\$5	\$40*	20%	\$100*	\$200*	\$100*	\$300	Stacked	20%	\$4,000	\$1,200	Separate	\$12/\$40/40% (\$100 DED), VBID = \$3 #

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)^				In-Network Benefits										Pharmacy		
Coplans	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Ded	Deductible Type	Coins.	Med OOP Max		Rx OOP Max	OOP Max Type
FRVT-HMO-PA2-001-S	HyHMO	Platinum	Standard	\$10	\$20	10%	\$100	10%	\$50	\$150	Stacked	10%	\$1,250	\$1,250	Separate	\$5 / \$40 / 50%
FRVT-HMO-GA2-001-S	HyHMO	Gold	Standard	\$15	\$25	20%	\$150	20%	\$50	\$750	Stacked	20%	\$4,250	\$1,250	Separate	\$5 / \$40 / 50% \$50 Brand Ded
FRVT-HMO-GA2-002-N	HyHMO	Gold	Non-Standard	\$5	\$30	20%	20%	20%	\$50	\$400	Stacked	20%	\$5,350	\$1,250	Separate	\$5 / \$40 / 50%, \$100 Brand Ded, VBID = \$1 #
FRVT-HMO-SA2-001-S	HyHMO	Silver	Standard	\$25	\$45	40%	\$250*	40%	\$100	\$1,900	Stacked	40%	\$5,100	\$1,250	Separate	\$12 / \$50 / 50%, \$100 Brand Ded
FRVT-HMOH-SA2-001-S	HDHMO	Silver	Standard	10%	20%	20%	20%	20%	20%	\$1,550	Aggregate	20%	\$5,750	\$1,250	Integrated	\$10 / \$40 / 50%
FRVT-HMO-SA2-001-N	HyHMO	Silver	Non-Standard	\$10	\$40	50%	\$400*	50%	\$100	\$1,700	Stacked	50%	\$5,100	\$1,250	Separate	\$12 / \$60 / 50%, \$200 Brand Ded, VBID = \$3 #
FRVT-HMO-BA2-001-S	HMO	Bronze	Standard	\$35*	\$80*	50%	50%	50%	\$100*	\$3,500	Stacked	50%	\$6,350	\$1,250	Integrated	\$20 / \$80 / 60%, \$300 Ded
FRVT-HMOH-BA2-001-S	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$2,000	Aggregate	50%	\$6,250	\$1,250	Integrated	\$12 / 40% / 60%
FRVT-HMO-BA2-001-N	HMO	Bronze	Non-Standard	\$30*	\$100*	50%	50%	50%	\$100*	\$3,000	Stacked	50%	\$6,350	\$1,250	Separate	\$20 / \$90 / 60%, \$200 Brand Ded, VBID = \$3 #

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)				In-Network Benefits										Pharmacy		
Coplans	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Ded	Deductible Type	Coins.	Med OOP Max		Rx OOP Max	OOP Max Type
FRVT-HMO-BA1-001-S	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	\$0

\* Cost-sharing applies after deductible is met

\*\* 3 PCP Office Visits are covered in full

^ Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.

# Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to \$50 per adult member (age >= 18) per year.

**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

		Midpoint
Experience Period:	January 1, 2013 - December 31, 2013	July 1, 2013
Rating Period:	January 1, 2015 - December 31, 2015	July 1, 2015

Months of Trend	2014	2015	Total
	12	12	24

**Medical Trend Summary**

**2014 Annual Trend**

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.9%	6.0%	0.0%	6.0%
OP and Other Med	47.9%	5.4%	0.0%	5.4%
PHY	31.3%	15.3%	0.0%	15.3%
<b>Medical Total</b>		<b>8.6%</b>	<b>0.0%</b>	<b>8.6%</b>

**2015 Annual Trend**

	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.9%	6.0%	0.0%	6.0%
OP and Other Med	47.9%	5.4%	0.0%	5.4%
PHY	31.3%	3.5%	0.0%	3.5%
<b>Medical Total</b>		<b>4.9%</b>	<b>0.0%</b>	<b>4.9%</b>

**Annual Allowed Medical Trend 6.8%**

**Leveraging Impact - Fee-For-Service Medical Claims**

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$362.38	\$3.96	\$4.71	\$68.35	\$285.37
24 Months of Trend:	1.140	1.140	1.000	1.067	1.159
Projection Period:	\$412.99	\$4.52	\$4.71	\$72.96	\$330.81
Allowed Trend (Annual)	6.8%				
Paid Trend (Annual)	7.7%				
<b>Leveraging (Annual)</b>	<b>0.9%</b>				

**Rx Trend Summary**

	2014 Trend		2015 Trend	
	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-1.4%	3.8%	-1.8%	3.6%
Brand	12.5%	-7.0%	10.1%	-4.6%
Specialty	11.0%	4.0%	8.6%	3.0%

<b>Exhibit 2b -- Support for Rx Trend Used in Development of Index Rate</b>
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MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

Experience Period: Jan 2013 - Dec 2013

Paid Through: Mar 31, 2014

Member Months with Rx Benefit: 201,474

**Rx Claim Information**

	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
	1	2	3	
Experience Period Scripts / 1000	8,468	1,209	51	9,728
Experience Period Allowed Cost per Script	\$20.37	\$186.61	\$3,125.59	\$57.38
Experience Period Deductible per Script	\$7.47	\$42.21	\$153.00	\$12.55
Experience Period Copay per Script	\$2.40	\$12.84	\$20.87	\$3.80
Experience Period Coinsurance per Script	\$0.78	\$11.04	\$27.36	\$2.19
Experience Paid Cost per Script	\$9.72	\$120.51	\$2,924.37	\$38.83
Experience Period Allowed PMPM	\$14.37	\$18.80	\$13.34	\$46.52
Experience Period Cost Sharing PMPM	\$7.52	\$6.66	\$0.86	\$15.03
Experience Period Paid PMPM	\$6.86	\$12.14	\$12.48	\$31.48
Annual Util Trend	1.037	0.942	1.035	1.026
Annual Unit Cost Trend	0.98404	1.113	1.098	1.040
Annual Deductible Trend	1.019	1.018	1.019	0.992
Months of Trend to Q1 2015**	24	24	24	24
Projected Scripts / 1000 as of Q1 2015	9,103	1,073	55	10,231
Projected Allowed Cost per Script as of Q1 2015	\$19.72	\$231.14	\$3,769.17	\$62.00
Projected Deductible per Script	\$7.76	\$43.74	\$159.02	\$12.34
Projected Copay per Script	\$2.58	\$11.39	\$22.35	\$3.61
Projected Coinsurance per Script	\$0.81	\$12.14	\$35.34	\$2.18
Projected Paid Cost per Script as of Q1 2015	\$8.57	\$163.87	\$3,552.46	\$43.86
Projected Allowed PMPM as of Q1 2015	\$14.96	\$20.67	\$17.23	\$52.86
Projected Cost Sharing PMPM as of Q1 2015	\$8.46	\$6.01	\$0.99	\$15.47
GMCB Reduction to Rx Trend	0.994	0.994	0.994	0.994
Annual Paid Trend	0.968	1.092	1.134	1.084
Projected Paid PMPM as of Q1 2015	\$6.43	\$14.49	\$16.07	\$36.99

\*\*Midpoint of Experience Period -- 07/01/2013, Midpoint of Q1 2015 Rating Period -- 07/01/2015

<b>Exhibit 3 -- Development of Index Rate</b>
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MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

Experience Period: Jan 2013 - Dec 2013  
Completed Through: Mar 31, 2014

	<b>Paid Claims PMPM</b>
<b><u>Member Months</u></b>	204,962
<b><u>FRDM Medical Claims and Capitation/Non-FRDM Information</u></b>	
I) Total Experience Period Claims	\$276.59
II) Claims in Excess of \$100k in Exp. Period	\$42.12
III) Pooling Charge	1.104
IV) IBNR Factor	1.032
<i>Completed Through Mar-14</i>	
Net Experience Period Claims Covered for Exchange Pricing = [ I) - II) ] * III) * IV)	\$267.14
Elective Abortion Cost (not covered in Exchange)	\$0.00
Vision (Only Pediatric Covered in Exchange)	(\$0.01)
Net Experience Period Claims After Removal of Non-Covered Benefits	\$267.13
Annual Medical Trend	1.077
Months of Trend to Q1 2015**	24
Trended Net Experience Period Claims	\$309.67
<b><u>Expanded benefits due to EHB Requirements and Mandates</u></b>	
Disposable Supplies	\$0.11
Copay Adjustment for Mental Health/Substance Abuse	\$0.09
Pediatric Vision	\$1.08
Other Benefit Expansions*	\$0.69
Capitations and Non-FRDM Claim Expenses	\$6.78
Trended Incurred Medical Claims PMPM as of Q1 2015	\$318.42
<b><u>Rx Claim Information</u></b>	
Experience Period Rx Claims	\$31.48
Annual Rx Trend	1.090
GMCB Reduction to Rx Trend	0.994
Months of Rx Trend	24.0
Trended Gross Rx Claims PMPM for 2015	\$36.99
Rx Rebates	(\$4.43)
Trended Bill H559 Impact	\$2.28
Trended Net Rx Claims PMPM for 2015	\$34.84
<b><u>Index Rate Development for 2015</u></b>	
A) Total Claim Cost for 2015 Excluding Taxes/Assessments/Pediatric Dental, Prior to Adjustments	\$353.26
B) Projected Change in Risk Pool Due to Membership Changes (Morbidity Adjustment)	0.980
C) GMCB Demographic Factor Adjustment	1.028
D) Pediatric Dental Paid Cost PMPM for 2015	\$5.61
<b>2015 Paid Index Rate</b>	<b>\$361.50</b>
= [ A) * B) * C) ] + D)	
E) Removing Pediatric Dental Allowed Cost PMPM for 2014 from Adjusted Paid Cost	(\$5.61)
F) Impact of Temporary Reinsurance Pool on 2015 Adjusted Paid Cost	0.953
<b><u>Support for Impact of Temporary Reinsurance Pool on Merged Market Adj. Paid Cost</u></b>	
Avg Value of Temporary Reinsurance Pool from 2011 - 2013	7.6%
Projected % of Membership in Individual Market	61.3%
Adjustment to Merged Market Adjusted Paid Amount	-4.7%
G) Payment Transfer Impact	\$0.00
H) 2015 Adjusted Paid Amount	<b>\$339.20</b>
= [2015 Paid Index Rate + D) ] * E) + F) -- reflects a Benefit Relativity of 70.1%	
*Other Benefit expansions include: Wigs, Sterilization Reversal, Couples Therapy, and Private Duty Nursing	
**Midpoint of Experience Period -- 07/01/2013, Midpoint of 2015 Rating Period -- 07/01/2015	

<b>Exhibit 3a -- Pediatric Dental Net Claim Costs</b>
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MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

<b>Plan Description</b>	<b>Form Number</b>	<b>2014 Net Claims Cost</b>	<b>Increase Due to Type I Claims Covered 1st Dollar</b>	<b>2015 Blended Net Claims Cost</b>
Platinum Standard	FRVT-HMO-P-001-S	\$6.97	0.6%	\$7.01
Gold Standard	FRVT-HMO-G-001-S	\$5.91	2.2%	\$6.04
Gold Non-Standard 2	FRVT-HMO-G-002-N	\$5.97	1.0%	\$6.03
Silver Standard	FRVT-HMO-S-001-S	\$5.59	7.0%	\$5.98
Silver Non-Standard	FRVT-HMO-S-001-N	\$5.58	5.3%	\$5.87
Bronze Standard	FRVT-HMO-B-001-S	\$5.03	14.1%	\$5.74
Bronze Non Standard	FRVT-HMO-B-001-N	\$4.90	12.5%	\$5.51
Silver HDHP Standard	FRVT-HMOH-S-001-S	\$5.61	0.0%	\$5.61
Bronze HDHP Standard	FRVT-HMOH-B-001-S	\$5.42	0.0%	\$5.42
Catastrophic	FRVT-HMO-C-001-S	\$3.08	16.1%	\$3.58

<b>Exhibit 4 -- Conversion Factor and Tier Ratios</b>
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MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	2,153	2,153	1.000	1.000
4	Double	572	1,144	2.000	2.000
4	Parent/Child(ren)	87	211	2.425	1.930
4	Family	322	1,290	4.006	2.810

GMCB Single Conversion Factor **1.098**

**Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges**

MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

**% of Premium Retention Components**

General Administrative Load	9.50%
Broker Load	0.00%
Bad Debt	0.25%
Contribution to Reserves	1.00%
<b>Total % of Premium Retention Components</b>	<b>10.75%</b>

**PMPM Retention Components**

National Network Fee	\$1.50
<b>Total % of Premium Retention Components</b>	<b>\$1.50</b>

**% of Premium Taxes and Assessments**

Premium Tax	0.00%
VT Vaccine Pilot	0.60%
ACA Insurer Tax	2.00%
<b>Total % of Premium Taxes/Assessments</b>	<b>2.60%</b>

**% of Paid Claim Taxes and Assessments**

Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
<b>Total % of Paid Claim Taxes/Assessments</b>	<b>1.249%</b>

**PMPM Taxes and Assessments**

HHS Risk Adjustment User Fee	\$0.08
Fed Reinsurance Assessment	\$3.67
Comparative Eff Research Tax	\$0.17
<b>Total PMPM Taxes/Assessments</b>	<b>\$3.92</b>

Exhibit 6 -- 2015 Exchange Premium Rates

2015 Adjusted Paid Claim Cost (Exhibit 3, Item G)	\$339.20
Benefit Relativity Reflected in Index Rate	0.701

Coplan	Product Type	Metal Level	Standard/Non-Standard	Federal and State Combined Subsidy	Pricing Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM (excl Ped Dental)	Pediatric Dental Net Claims Cost (Exh 3a)	% of Premium Retention Components	PMPM Retention Components	% of Premium Taxes and Assessments	% of Paid Claim Taxes / Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	Gross Claim Cost PMPM	Single***	Double	Parent/Child(ren)	Family	Increase over 2014 Single Rate	Increase over 2014 Double Rate	Increase over 2014 P/C Rate	Increase over 2014 Family Rate
FRVT-HMO-P-001-S	HyHMO	Platinum	Standard	Non-Subsidized	0.907	1.121	\$491.74	\$7.01	\$63.32	\$1.50	\$15.32	\$6.23	\$3.92	\$0.00	\$589.04	\$646.77	\$1,293.54	\$1,248.27	\$1,817.42	8.8%	8.8%	8.8%	8.8%
FRVT-HMO-G-001-S	HyHMO	Gold	Standard	Non-Subsidized	0.836	1.076	\$435.09	\$6.04	\$56.08	\$1.50	\$13.56	\$5.51	\$3.92	\$0.00	\$521.71	\$572.84	\$1,145.68	\$1,105.58	\$1,609.68	11.5%	11.5%	11.5%	11.5%
FRVT-HMO-G-002-N	HyHMO	Gold	Non-Standard	Non-Subsidized	0.839	1.078	\$437.49	\$6.03	\$56.40	\$1.50	\$13.64	\$5.54	\$3.92	\$0.09	\$524.61	\$576.02	\$1,152.04	\$1,111.72	\$1,618.62	10.4%	10.4%	10.4%	10.4%
FRVT-HMO-S-001-S	HyHMO	Silver	Standard	Non-Subsidized	0.741	1.022	\$366.65	\$5.98	\$47.48	\$1.50	\$11.48	\$4.65	\$3.92	\$0.00	\$441.67	\$484.95	\$969.90	\$935.95	\$1,362.71	13.4%	13.4%	13.4%	13.4%
FRVT-HMOH-S-001-S	HDHMO	Silver	Standard	Non-Subsidized	0.709	1.005	\$344.60	\$5.61	\$44.66	\$1.50	\$10.80	\$4.37	\$3.92	\$0.00	\$415.47	\$456.19	\$912.38	\$880.45	\$1,281.89	6.4%	6.4%	6.4%	6.4%
FRVT-HMO-S-001-N	HyHMO	Silver	Non-Standard	Non-Subsidized	0.713	1.007	\$347.29	\$5.87	\$45.05	\$1.50	\$10.89	\$4.41	\$3.92	\$0.09	\$419.03	\$460.09	\$920.18	\$887.97	\$1,292.85	9.7%	9.7%	9.7%	9.7%
FRVT-HMO-B-001-S	HMO	Bronze	Standard	Non-Subsidized	0.609	0.973	\$286.92	\$5.74	\$37.43	\$1.50	\$9.05	\$3.66	\$3.92	\$0.00	\$348.22	\$382.35	\$764.70	\$737.94	\$1,074.40	13.7%	13.7%	13.7%	13.7%
FRVT-HMOH-B-001-S	HDHMO	Bronze	Standard	Non-Subsidized	0.620	0.977	\$293.23	\$5.42	\$38.19	\$1.50	\$9.24	\$3.73	\$3.92	\$0.00	\$355.22	\$390.03	\$780.06	\$752.76	\$1,095.98	6.5%	6.5%	6.5%	6.5%
FRVT-HMO-B-001-N	HMO	Bronze	Non-Standard	Non-Subsidized	0.617	0.976	\$291.33	\$5.51	\$37.97	\$1.50	\$9.18	\$3.71	\$3.92	\$0.09	\$353.21	\$387.82	\$775.64	\$748.49	\$1,089.77	13.4%	13.4%	13.4%	13.4%
FRVT-HMO-C-001-S	HMO	Catastrophic	Standard	Non-Subsidized	0.596	0.533	\$153.71	\$3.58	\$20.43	\$1.50	\$4.94	\$1.96	\$3.92	\$0.00	\$190.04	\$208.66	\$417.32	\$402.71	\$596.33	6.7%	6.7%	6.7%	6.7%
FRVT-HMO-S1-001-S	HyHMO	Silver	Standard	Subsidized (73%)	0.741	1.022	\$366.65	\$5.98	\$47.48	\$1.50	\$11.48	\$4.65	\$3.92	\$0.00	\$441.67	\$484.95	\$969.90	\$935.95	\$1,362.71	13.4%	13.4%	13.4%	13.4%
FRVT-HMO-S1-002-S	HyHMO	Silver	Standard	Subsidized (87%)	0.741	1.022	\$366.65	\$5.98	\$47.48	\$1.50	\$11.48	\$4.65	\$3.92	\$0.00	\$441.67	\$484.95	\$969.90	\$935.95	\$1,362.71	13.4%	13.4%	13.4%	13.4%
FRVT-HMO-S1-003-S	HyHMO	Silver	Standard	Subsidized (94%)	0.741	1.022	\$366.65	\$5.98	\$47.48	\$1.50	\$11.48	\$4.65	\$3.92	\$0.00	\$441.67	\$484.95	\$969.90	\$935.95	\$1,362.71	13.4%	13.4%	13.4%	13.4%
FRVT-HMO-S1-004-S	HyHMO	Silver	Standard	Subsidized (77%)	0.741	1.022	\$366.65	\$5.98	\$47.48	\$1.50	\$11.48	\$4.65	\$3.92	\$0.00	\$441.67	\$484.95	\$969.90	\$935.95	\$1,362.71	13.4%	13.4%	13.4%	13.4%
FRVT-HMOH-S1-001-S	HDHMO	Silver	Standard	Subsidized (73%)	0.709	1.005	\$344.60	\$5.61	\$44.66	\$1.50	\$10.80	\$4.37	\$3.92	\$0.00	\$415.47	\$456.19	\$912.38	\$880.45	\$1,281.89	6.4%	6.4%	6.4%	6.4%
FRVT-HMOH-S1-002-S	HDHMO	Silver	Standard	Subsidized (87%)	0.709	1.005	\$344.60	\$5.61	\$44.66	\$1.50	\$10.80	\$4.37	\$3.92	\$0.00	\$415.47	\$456.19	\$912.38	\$880.45	\$1,281.89	6.4%	6.4%	6.4%	6.4%
FRVT-HMOH-S1-003-S	HDHMO	Silver	Standard	Subsidized (94%)	0.709	1.005	\$344.60	\$5.61	\$44.66	\$1.50	\$10.80	\$4.37	\$3.92	\$0.00	\$415.47	\$456.19	\$912.38	\$880.45	\$1,281.89	6.4%	6.4%	6.4%	6.4%
FRVT-HMOH-S1-004-S	HDHMO	Silver	Standard	Subsidized (77%)	0.709	1.005	\$344.60	\$5.61	\$44.66	\$1.50	\$10.80	\$4.37	\$3.92	\$0.00	\$415.47	\$456.19	\$912.38	\$880.45	\$1,281.89	6.4%	6.4%	6.4%	6.4%
FRVT-HMO-S1-001-N	HyHMO	Silver	Non-Standard	Subsidized (73%)	0.713	1.007	\$347.29	\$5.87	\$45.05	\$1.50	\$10.89	\$4.41	\$3.92	\$0.09	\$419.03	\$460.09	\$920.18	\$887.97	\$1,292.85	9.7%	9.7%	9.7%	9.7%
FRVT-HMO-S1-002-N	HyHMO	Silver	Non-Standard	Subsidized (87%)	0.713	1.007	\$347.29	\$5.87	\$45.05	\$1.50	\$10.89	\$4.41	\$3.92	\$0.09	\$419.03	\$460.09	\$920.18	\$887.97	\$1,292.85	9.7%	9.7%	9.7%	9.7%
FRVT-HMO-S1-003-N	HyHMO	Silver	Non-Standard	Subsidized (94%)	0.713	1.007	\$347.29	\$5.87	\$45.05	\$1.50	\$10.89	\$4.41	\$3.92	\$0.09	\$419.03	\$460.09	\$920.18	\$887.97	\$1,292.85	9.7%	9.7%	9.7%	9.7%
FRVT-HMO-S1-004-N	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.713	1.007	\$347.29	\$5.87	\$45.05	\$1.50	\$10.89	\$4.41	\$3.92	\$0.09	\$419.03	\$460.09	\$920.18	\$887.97	\$1,292.85	9.7%	9.7%	9.7%	9.7%
FRVT-HMO-PA2-001-S	HyHMO	Platinum	Standard	All/AN	0.907	1.121	\$491.74	\$7.01	\$63.32	\$1.50	\$15.32	\$6.23	\$3.92	\$0.00	\$589.04	\$646.77	\$1,293.54	\$1,248.27	\$1,817.42	8.8%	8.8%	8.8%	8.8%
FRVT-HMO-GA2-001-S	HyHMO	Gold	Standard	All/AN	0.836	1.076	\$435.09	\$6.04	\$56.08	\$1.50	\$13.56	\$5.51	\$3.92	\$0.00	\$521.71	\$572.84	\$1,145.68	\$1,105.58	\$1,609.68	11.5%	11.5%	11.5%	11.5%
FRVT-HMO-GA2-002-N	HyHMO	Gold	Non-Standard	All/AN	0.839	1.078	\$437.49	\$6.03	\$56.40	\$1.50	\$13.64	\$5.54	\$3.92	\$0.09	\$524.61	\$576.02	\$1,152.04	\$1,111.72	\$1,618.62	10.4%	10.4%	10.4%	10.4%
FRVT-HMO-SA2-001-S	HyHMO	Silver	Standard	All/AN	0.741	1.022	\$366.65	\$5.98	\$47.48	\$1.50	\$11.48	\$4.65	\$3.92	\$0.00	\$441.67	\$484.95	\$969.90	\$935.95	\$1,362.71	13.4%	13.4%	13.4%	13.4%
FRVT-HMOH-SA2-001-S	HDHMO	Silver	Standard	All/AN	0.709	1.005	\$344.60	\$5.61	\$44.66	\$1.50	\$10.80	\$4.37	\$3.92	\$0.00	\$415.47	\$456.19	\$912.38	\$880.45	\$1,281.89	6.4%	6.4%	6.4%	6.4%
FRVT-HMO-SA2-001-N	HyHMO	Silver	Non-Standard	All/AN	0.713	1.007	\$347.29	\$5.87	\$45.05	\$1.50	\$10.89	\$4.41	\$3.92	\$0.09	\$419.03	\$460.09	\$920.18	\$887.97	\$1,292.85	9.7%	9.7%	9.7%	9.7%
FRVT-HMO-BA2-001-S	HMO	Bronze	Standard	All/AN	0.609	0.973	\$286.92	\$5.74	\$37.43	\$1.50	\$9.05	\$3.66	\$3.92	\$0.00	\$348.22	\$382.35	\$764.70	\$737.94	\$1,074.40	13.7%	13.7%	13.7%	13.7%
FRVT-HMOH-BA2-001-S	HDHMO	Bronze	Standard	All/AN	0.620	0.977	\$293.23	\$5.42	\$38.19	\$1.50	\$9.24	\$3.73	\$3.92	\$0.00	\$355.22	\$390.03	\$780.06	\$752.76	\$1,095.98	6.5%	6.5%	6.5%	6.5%
FRVT-HMO-BA2-001-N	HMO	Bronze	Non-Standard	All/AN	0.617	0.976	\$291.33	\$5.51	\$37.97	\$1.50	\$9.18	\$3.71	\$3.92	\$0.09	\$353.21	\$387.82	\$775.64	\$748.49	\$1,089.77	13.4%	13.4%	13.4%	13.4%
FRVT-HMO-BA1-001-S	HMO	Bronze	Standard	All/AN, Subsidized	0.609	0.973	\$286.92	\$5.74	\$37.43	\$1.50	\$9.05	\$3.66	\$3.92	\$0.00	\$348.22	\$382.35	\$764.70	\$737.94	\$1,074.40	13.7%	13.7%	13.7%	13.7%
FRVT-HMO-BA1-001-N	HMO	Bronze	Non-Standard	All/AN, Subsidized	0.617	0.976	\$291.33	\$5.51	\$37.97	\$1.50	\$9.18	\$3.71	\$3.92	\$0.09	\$353.21	\$387.82	\$775.64	\$748.49	\$1,089.77	13.4%	13.4%	13.4%	13.4%

\*The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorandum.

\*\*Reflects cost of Member Wellness Incentive Rider, Form FRVT-301

\*\*\*Child Only Rate = Single Rate



## Contact Information

### **Company Information**

Company Legal Name:	MVP Health Plan, Inc.
HIOS Issuer ID:	77566
NAIC Number:	95521

### **Primary Contact Information**

Contact Name:	Matthew Lombardo, FSA, MAAA
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## **ACTUARIAL MEMORANDUM**

### **2015 Vermont Exchange Rate Filing**

#### **Scope and Purpose**

This memorandum details the methods and assumptions underlying the proposed 2015 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc., a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2015 and 12/31/2015. These rates reflect an average rate adjustment to prior rates of 15.4%, ranging from 10.7% to 18.3%.

#### **Market/Benefits**

All products and rates included in this rate filing are available to both individuals and small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing. The non-standard products proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing reflects 2,371 policyholders, 3,134 subscribers and 4,798 members.

#### **Experience Period Claims (Rate Filing Exhibit 3)**

In conjunction with the single risk pool requirement, the paid claims for MVP's small group EPO, small group PPO, small group HMO, small group HDHPs, and Individual Indemnity were combined together for the incurred experience period 1/1/2013 – 12/31/2013, paid through 3/31/2014 and used in the development of the Index Rate for premium rate development.

Paid claim data includes claims from our fee for service (FFS) claim warehouse along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims was added to the experience period FFS medical claims. The IBNR factors were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates. Vermont specific data for the experience period was used to develop the factors and they are consistent with the IBNR factors used in MVP's monthly financial statements.

### **Adjustments to Experience Period Claims (Rate Filing Exhibit 3)**

MVP pooled FFS medical claims in excess of \$100,000. To determine a pooling charge, MVP analyzed claims in excess of \$100,000 for rolling 12 month periods with end dates between December 2011 and December 2012. These time periods were chosen to eliminate the impact of high cost claims over the experience period used to set the premium rates included with this filing. The result of this analysis resulted in a pooling charge of 10.4% being applied to FFS medical claims net of amounts in excess of \$100,000.

### **Projection Factor Adjustments to Experience Period Claims (Rate Filing Exhibit 3)**

Benefits covered in the experience period do not fully reflect mandates imposed by both the federal government and the state of Vermont as well as changes due to the EHB benchmark plan. The items listed below identify the necessary adjustments.

#### **Benefits being removed**

Included in MVP's current contracts are optional riders for coverage of elective abortion and vision benefits. The PMPM cost of these benefits in the experience period were identified and subtracted from the experience period base cost.

#### **Expanded Benefits Due to EHB Requirements and Mandates**

##### *Disposable Supplies*

The projected allowed cost to cover this benefit equals \$0.14 PMPM. To account for the additional costs associated with this rider, MVP multiplied the projected allowed cost times the projected paid to allowed ratio (75.3%), or \$0.11 PMPM.

##### *Copay Adjustment for Mental Health/Substance Abuse*

New legislation has been passed by the State of VT requiring carriers to charge a plan's PCP copay for mental health and substance abuse (MH/SA) claims taking place in the outpatient or office setting. MVP re-priced its experience period MH/SA claims to reflect this modification which resulted in \$0.09 PMPM being added to the starting claim cost for 2015.

##### *Pediatric Vision*

Vision exams and a hardware allowance for children is now a standard benefit in the benchmark plan. MVP contracted Milliman to estimate the cost of this benefit. The supporting memorandum is included with the documents supplementing this filing. The projected allowed amount provided by Milliman is being multiplied by the projected paid to allowed ratio in 2015 to convert Milliman's allowed estimate to a paid claim estimate.

##### *Pediatric Dental*

Dental coverage for children is a standard benefit in the benchmark plan. MVP is adjusting the pediatric dental costs provided in the 2014 Exchange Filing for 1<sup>st</sup> dollar coverage of Type I services. Note that the adjustment for covering Type I services 1<sup>st</sup> dollar is not applicable to qualified high deductible health plans.

##### *Mandatory Rx Coverage (Exhibits 2b and Exhibit 3)*

Over the experience period, MVP had 201,474 member months enrolled in Rx products compared to 204,962 total member months. MVP analyzed the Rx utilization of members enrolled in Rx products over the experience period (Exhibit 2b) and developed a projected Rx claim cost for 2015. MVP assumed that members not receiving Rx coverage in the experience period would have the same Rx utilization in the projection period as members enrolled in Rx products over the experience period.

##### *Bill H559 Impact*

Bill H559 was effective beginning with October 2012 renewals. Included in this regulation is a new out of pocket maximum for prescription drug expenses. This mandate is applicable to drug rider coverage, as well as drug coverage that is part of an integrated benefit plan.

MVP has recently learned that claim adjustments attributable to Bill H559 were not being processed within MVP's claim system during the experience period driving this rate filing. Therefore, an adjustment to the experience period claims was needed. To quantify the impact of this mandate, MVP analyzed member level drug claims over the experience period. MVP captured amounts paid by members in excess of the Rx OOP maximum. The sum of these amounts was trended to the projection period to quantify the impact of this mandate on drug claims in 2015.

#### *Other New Benefits*

In addition to the above, MVP will cover Private Duty Nursing, Sterilization Reversal, Couples Therapy and Wigs as a result of the EHB requirements. MVP contracted Milliman to estimate the cost of these additional benefits. The supporting memorandum is included with the documents supplementing this filing. The projected allowed amount provided by Milliman is being multiplied by the projected paid to allowed ratio in 2015 to convert Milliman's allowed estimate to a paid claim estimate.

#### **Trend Factors**

The development of annual medical trend factors is illustrated in Exhibit 2a. Consistent with recently submitted filings, MVP is applying 0% utilization trend to its medical data. The assumed unit cost trends reflect known and assumed price increases from MVP's provider network. Facility unit cost trends reflect the Green Mountain Care Board (GMCB) approved budget increases as well as contract changes signed between MVP and hospitals. Since the 2015 hospital budget increases have not yet been proposed by the GMCB, MVP has assumed the 2015 facility unit cost increases will equal the 2014 facility unit cost increases. The physician unit cost changes reflect the contractual rate changes negotiated between MVP and physician groups, weighted on the utilization of these physician groups by MVP's commercial population.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

Annual Rx trend factors split by generic, brand and specialty drugs are also illustrated in Exhibit 2a. These trend factors were supplied by MVP's pharmacy vendor and reflect their best estimate of MVP's expected changes to pharmacy costs and drug utilization. MVP analyzed the distribution of Rx claims over the experience period within each Rx category and projected claims to the rating period. The development of MVP's aggregate Rx trend factor and Rx claim projection can be found in Exhibit 2b.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's VT book of business. Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

#### **Rx Rebates**

The basis of MVP's Rx rebate assumptions were formed by analyzing Rx rebates as a % of Rx claim expense over the experience period. Experience period rebates were then adjusted to reflect any contract changes occurring between the experience period and projection period. This amount was multiplied by MVP's projected gross Rx claim cost to derive a PMPM Rx rebate projection.

#### **Other Adjustments to 2015 Projected Claim Cost (Rate Filing Exhibit 3)**

##### **Demographic/Morbidity Changes to MVP's Single Risk Pool**

MVP is applying a 2.0% morbidity improvement factor to its projection of experience period data. This adjustment is consistent with the GMCB's decision and order from MVP's 2014 Exchange filing. MVP does not have sufficient Exchange data to support modifying this assumption, and as a result, has not removed it from this filing.

## **Risk Adjustment and Reinsurance**

### **Permanent Risk Adjustment Program**

No adjustment was made to the Adjusted Allowed Amount for anticipated receipts from or payments to HHS for this program. There was no market simulation done by the State of Vermont and therefore no basis for assuming anything other than a \$0 payment transfer between carriers.

### **Individual Temporary Reinsurance Pool**

MVP's paid claim projection is being adjusted down by 4.7% to account the anticipated payments from the temporary reinsurance pool in 2015. The adjustment was derived by analyzing claims in the reinsurance corridor from calendar year 2011, 2012, and 2013 after trending claims to the projection period. A coinsurance amount of 50% was applied to claims in the corridor and the average over the three calendar years was calculated to arrive at 7.6%. As of April 2014, 61.3% of enrollees in ACA compliant plans are individuals. The percentage of members enrolled in individual products was applied to the expected reinsurance recoveries to determine the aggregate adjustment factor for this program.

### **Temporary Risk Corridor**

No adjustment was made to the Adjusted Allowed Amount due to the temporary program.

## **Actuarial Values**

The AV Metal Level for each plan was determined using the federally prescribed Actuarial Value Calculator (AVC). No adjustments to the Federal AVC were required to certify to MVP's non-standard benefits. Screenshots from the Federal AVC are attached in SERFF for all of the benefits being offered by MVP in this filing.

The Pricing Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the paid-to-allowed ratio of unique benefit plan designs from a starting single risk pool allowed amount. Induced utilization differences between benefit plans are not assumed in MVP benefit pricing model, but are reflected in the proposed premiums. To account for induced utilization, MVP is applying the induced utilization slope outlined in the HHS Notice of Benefit and Payment parameters for each plan design relative to the experience period paid to allowed ratio.

## **Single Conversion Factor and Tier Ratios**

Over the experience period, MVP offered small groups the option of purchasing 2-tier, 3-tier, or 4-tier contracts. For 2015, carriers are required to offer only 4-tier contracts and charge the tier ratios dictated by the State of Vermont. MVP mapped its experience period membership into 4-tier contracts to determine the single conversion factor for 2015. The single conversion factor MVP uses to compute tiered premium rates for 2015 equals 1.165 and can be found in Exhibit 4 of the Rate Filing; this reflects an increase of 0.6% over the single conversion factor applicable in the 2014 rate filing.

## **Retention Loads, Taxes/Assessments, and Paid Claim Surcharges**

Exhibit 5 of the Rate Filing summarizes the retention loads and paid claim surcharges MVP will charge in 2014. Note these retention components are broken out into five categories: % of Premium Retention Components, PMPM Retention Components, % of Premium Taxes and Assessments, % of Paid Claim Taxes and Assessments, and PMPM Taxes and Assessments.

### *Temporary Individual Reinsurance Pool*

Beginning in 2014, carriers will be assessed a fee to fund the Temporary Reinsurance Pool which supports the individual reinsurance program both in and out of the exchange from 2014 through 2016. In the proposed HHS Notice of Benefit and Parameters for 2015, this fee is \$3.67 PMPM.

#### *ACA Insurer Tax*

Beginning in 2014, carriers will be taxed based on earned premium. Based on estimates from consultants, this tax will be approximately 2.0% for 2015 dates of service.

#### *Paid Claim Taxes*

In addition to the State of Vermont 0.999% tax on paid claims, MVP is subject to New York HCRA taxes which are based on paid claims. The New York HCRA tax is based only on claims paid for services performed by New York hospitals. The New York HCRA load equals 0.25%, and is based on historical HCRA charges incurred by MVP for its Vermont members.

#### *Premium Tax*

As a not-for-profit insurer, MVP Health Plan, Inc. is not subject to premium taxes.

#### *HHS Risk Adjustment User Fee*

Carriers are assessed a fee to fund the administration of HHS Risk Adjustment program being run by HHS. This fee is \$0.08 PMPM as stated in the Notice of Benefit and Payment Parameters notice for 2015.

#### *Comparative Effectiveness Research Fee*

A \$0.17 PMPM fee is being charged to fund the Federal Research Fund.

#### *VT Vaccine Pilot*

A Vermont state assessment based on plan premiums used to fund immunizations provided by the state.

#### *General Administrative Expense Load and QI component*

A 9.5% administrative load (1.2% for QI, 8.3% for all other) is included in the premium rate to cover MVP's expenses to market, sell and administer health insurance products. MVP is currently working towards improving administrative efficiencies to reduce its operating expenses to align with pricing loads.

#### *Contribution to Reserves/Risk Margin*

A 1.5% charge is included in the premium rates to serve as either an expected contribution to reserves to maintain solvency requirements if actual costs are more favorable than projected or to mitigate losses if actual costs exceeds those projected.

#### *National Network Fee*

MVP has contracted with PHCS to provide an expanded network to members purchasing exchange products in VT. The access fee associated with this rental network is approximately \$1.50 PMPM.

### **Development of Rate Tables**

Exhibit 6 of the Rate Filing contains a list of premium rates MVP is proposing to charge for each policy form in 2015. Single rates for each plan were calculated by performing the following calculations:

**Net Claim Cost for Plan<sub>x</sub>** = [2015 Adjusted Paid Claim Cost / Experience Period Paid-to-Allowed] \* [Plan<sub>x</sub> Induced Utilization / Experience Period Induced Utilization] \* Plan<sub>x</sub> Pricing AV

**Gross Claim Cost for Plan<sub>x</sub>** = [[Net Claim Cost for Plan<sub>x</sub> + Pediatric Dental Cost<sub>x</sub> + Benefits > EHBs] \* [1+ % of Paid Claims Taxes/Assessments] + PMPM Retention Components + PMPM Taxes/Assessments] / [1 - % of Premium Retention Components - % of Premium Taxes/Assessments]

**Single Rate<sub>x</sub>** = Gross Claim Cost for Plan<sub>x</sub> \* Single Conversion Factor

Note that members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.09. This figure was derived by analyzing the cost of MVP's current wellness program which

provides a \$300 incentive per contract. The per-contract incentive of \$300 was converted to a per-adult incentive at the reduced benefit of \$50 per year. This additional cost was added to the plan specific values as a plan specific adjustment.

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of April 2014, it does not appear that anyone enrolled in this plan due to financial hardship as all of MVP's enrollees meet the age restrictions of this plan (< 30 years old). MVP determined the adjustment factor for this plan by calculating the age/gender factor for the eligible population and comparing it to the age/gender factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.549.

### Loss Ratios

The target pricing loss ratios included in these proposed premium rates comply with Federal and State requirements. The projected Federal MLR reflected in these premium rates is 89.5% and derived in the table below.

<b>Traditional and Federal Target Loss Ratio Summary for 2015 Vermont Exchange Filing</b>			
<b>Non Claim Expense Categories</b>	<b>Included in Federal MLR</b>	<b>Type of Load</b>	<b>2015 Premium Rates</b>
General Admin (excluding QI Expenses)	Y	% premium	8.3%
Contribution to Reserves/Risk Margin	Y	% premium	1.5%
Broker Load	Y	% premium	0.0%
Administrative Expenses for QI	N	% premium	1.2%
State Premium Tax	N	% premium	0.0%
Federal ACA Insurer Fees	N	% premium	2.0%
VT Vaccine Pilot	Y	% premium	0.6%
VT Paid Claim Surcharges	Y	% paid claims	1.0%
NY HCRA Claim Surcharges	Y	% paid claims	0.25%
National Network Fee	Y	PMPM	\$1.50
Federal HHS Risk Adjustment User Fees	N	PMPM	\$0.08
Federal Reinsurance Contribution Rate	N	PMPM	\$3.67
Comparative Eff Research Tax	N	PMPM	\$0.17
Projected Net Incurred Claims			\$352.16
Paid Claim Surcharges/Vaccine Assessment			\$6.80
Assumed Individual Reinsurance Recovery			(\$16.48)
Total Projected Medical Expense			\$342.48
Total Projected Gross Premium			\$399.88
Target Traditional MLR (total proj. medical expense/projected earned premium)			85.6%
Adjusted Medical Expense (add QI expenses)			\$347.27
Adjusted Premium (Fed&State non claims taxes/fees removed)			\$387.96
Target Federal MLR			89.5%

### Actuarial Data Set

The section titled "Consumer Adjusted Premium Rate Development" is intended to crosswalk the URRT 2015 Allowed Index Rate to the plan specific required gross premiums. There were three challenges we faced to complete this crosswalk.

The first is based on our belief that the crosswalk needs to reflect the gross expected reinsurance recoveries to develop the Market Adjusted Index Rate, which is the starting point to develop plan specific premium rates. The reinsurance contribution rate (\$3.67 PMPM) is added to each plan specific projected claim cost along with the other non claim expenses. If the net reinsurance PMPM is used to derive the Market Adjusted Index Rate, then the pricing AVs that

get applied to it distort the \$3.67 load per plan. Therefore, we used the gross expected reinsurance recoveries for this line in the template and included the \$3.67 in the administrative load per plan. Also to note is the PMPM gross reinsurance recovery assumed reflects the Allowed amount times the 4.7% (1-.953) assumption used in the paid claim projection in the rate filing.

The second is related to the fact that our premium rates were developed based on our historical paid claim data and benefit adjustment factors (from MVP's benefit pricing model) to reflect the differences between the average in force actuarial value and the actuarial values of each Exchange plan. However, the URRT requires the development of a projected Allowed PMPM Index rate from historical allowed claims and a paid claim projection based on the projected paid to allowed ratio. The projected paid claims in the URRT tie to our projected paid claims used to develop premium rates, but the projected paid to allowed ratio for the in force block (i.e. in force AV) illustrated in the URRT doesn't tie to that used in our rate filing. This is due to the fact that the URRT ratio is based on actual claims and the ratio used in the rate setting is based on our benefit pricing model. There will always be a calibration factor to tie actual paid to allowed ratios to those projected by any model projecting actuarial values. To address this issue, we made an adjustment to the Market Adjusted PMPM Index Rate.

The third is that in our rating methodology we added the cost of Pediatric Dental as the last step in the rate development, and therefore pricing AVs in this crosswalk need to be applied a Market Adjusted Index Rate that excludes pediatric dental. The pediatric dental is then added to each plan specific projected claim cost.

In the section titled "Trend and Projection Assumption" we wanted to point out that the utilization trend factors input for Facility and Physician claims reflect the average trend factor for Inpatient, Outpatient and Physician combined. This is consistent with how we applied trends in the rate filing. Detailed trend factors by service category are illustrated in the rate filing template in Exhibit 2A.

### **Reliance**

I relied upon the Actuarial Certifications for the Actuarial Certification of the EHB substitution for the Private Duty Nursing annual benefit limit provided by Howard Kahn from Milliman Consulting. In addition, I relied on him for estimates of the cost of specific benefit expansions included in the EHB and pediatric dental claim costs.

### **Actuarial Certification**

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following; ASOP#5, ASOP#8, ASOP#12, ASOP#23, ASOP#25, ASOP#26, and ASOP#41.



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Matthew Lombardo, FSA, MAAA  
Actuarial Manager, Commercial Pricing  
MVP Health Plan, Inc.

05/30/2014  
Date



## General Information – Company and Contact Information

### **Company Information**

Company Legal Name:	MVP Health Plan, Inc.
State:	Vermont
Market:	Combined - Small Group and Individual
HIOS Issuer ID:	77566
NAIC Number:	95521
Effective Date:	January 1, 2015

### **Primary Contact Information**

Contact Name:	Matthew Lombardo, FSA, MAAA
Contact Title:	Actuarial Manager, Commercial Pricing
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## **ACTUARIAL MEMORANDUM**

### **2015 Vermont Exchange Rate Filing**

#### **Scope and Purpose**

This memorandum details the methods and assumptions underlying the proposed 2015 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc., a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2015 and 12/31/2015. These rates reflect an average rate adjustment to prior rates of 15.4%, ranging from 10.7% to 18.3%.

#### **Drivers of Rate Increase**

The proposed premium rates reflect an increase over the prior rates due to medical inflation from 2014 to 2015, updated contract information impacting 2014 unit cost trends, and a change in the target loss ratio. Premium rate increases are varying by plan due to modifications of MVP's benefit relativity model as well as leveraging on leaner plans. As the cost of providing health care increases and while deductibles and copays remain fixed, carriers bear a larger portion of the cost. Leveraging has a larger impact on leaner plan designs (bronze) in comparison to rich plan designs (platinum).

#### **Market/Benefits**

All products and rates included in this rate filing are available to both individuals and small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing. The non-standard products proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing reflects 2,371 policyholders, 3,134 subscribers and 4,798 members.

#### **Experience Period Premium and Claims (Worksheet 1, Section 1 of Unified Rate Review Template)**

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Small Group HMO Data for Vermont members over the time period 1/1/2013 – 12/31/2013, completed through 3/31/2014. MVP's loss ratio

exceeds minimum loss ratio requirements, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups over the experience period.

Allowed claim data includes claims from our fee for service (FFS) claim warehouse along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims was added to the experience period allowed claims. The IBNR factors were supplied directly from MVP’s reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates. Vermont specific data for the experience period was used to develop the factors and they are consistent with the IBNR factors used in MVP’s monthly financial statements.

A summary of experience period claims processed through MVP’s claim system, experience period costs not processed through MVP’s claims system, as well as an estimate of IBNR are summarized below.

	<b>Allowed</b>	<b>Incurred</b>
Claims Processed Through Claim System	\$922,323	\$883,406
Experience Period Costs Not Processed Through Claims System	\$96,103	\$96,103
IBNR	\$5,420	\$4,959
<b>Total</b>	<b>\$1,023,846</b>	<b>\$984,468</b>

**Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)**

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, Diagnosis Code, or HCPCS). Member encounter data is used to determine utilization for claims falling under the “Other” category.

**Projection Factors (Worksheet 1, Section 2 of Unified Rate Review Template)**

***Demographic/Morbidity Changes to MVP’s Single Risk Pool***

MVP is applying a 2.0% morbidity improvement factor to its projection of experience period data. This adjustment is consistent with the GMCB’s decision and order from MVP’s 2014 Exchange filing. MVP does not have sufficient Exchange data to support modifying this assumption, and as a result, has not removed it from this filing.

***Benefits Being Removed:*** Included in MVP’s current contracts are optional riders for coverage of elective abortion and vision benefits. The PMPM cost of these benefits in the experience period was identified and subtracted from the experience period base cost.

***New benefits due to EHB and Federal and State Mandates:***

***Disposable Supplies***

The projected allowed cost to cover this benefit equals \$0.14 PMPM.

***Copay Adjustment for Mental Health/Substance Abuse***

New legislation has been passed by the State of VT requiring carriers to charge a plan’s PCP copay for mental health and substance abuse (MH/SA) claims taking place in the outpatient or office setting. MVP re-priced its experience period MH/SA claims to reflect this modification which resulted in \$0.09 PMPM being added to the starting claim cost for 2015.

***Pediatric Vision***

Vision exams and a hardware allowance for children is now a standard benefit in the benchmark plan. MVP contracted Milliman to estimate the cost of this benefit. The supporting memorandum is included with the documents supplementing this filing.

### *Pediatric Dental*

Dental coverage for children is a standard benefit in the benchmark plan so the expected costs for this new benefit were added to the cost projection.

### *Mandatory Rx Coverage (Exhibits 2b and Exhibit 3)*

Over the experience period, MVP had 201,474 member months enrolled in Rx products compared to 204,962 total member months. MVP analyzed the Rx utilization of members enrolled in Rx products over the experience period (Exhibit 2b) and developed a projected Rx claim cost for 2015. MVP assumed that members not receiving Rx coverage in the experience period would have the same Rx utilization in the projection period as members enrolled in Rx products over the experience period.

### *Other New Benefits*

In addition to the above, MVP will cover Private Duty Nursing, Sterilization Reversal, Couples Therapy and Wigs as a result of the EHB requirements. MVP contracted Milliman to estimate the cost of these additional benefits. The supporting memorandum is included with the documents supplementing this filing.

### *Pooling Charge*

MVP pooled FFS medical claims in excess of \$100,000. To determine a pooling charge, MVP analyzed claims in excess of \$100,000 for rolling 12 month periods with end dates between December 2011 and December 2012. These time periods were chosen to eliminate the impact of high cost claims over the experience period used to set the premium rates included with this filing. The result of this analysis resulted in a pooling charge of 10.4% being applied to FFS medical claims net of amounts in excess of \$100,000. The impact of the pooling claims in excess of \$100,000 is included in the "Other" projection factors on Worksheet 1, Section 2.

### **Trend Factors**

MVP is applying 0% utilization trend to its medical data. The assumed unit cost trends reflect known and assumed price increases from MVP's provider network. Facility unit cost trends reflect the Green Mountain Care Board (GMCB) approved budget increases as well as contract changes signed between MVP and hospitals. Since the 2015 hospital budget increases have not yet been proposed by the GMCB, MVP has assumed the 2015 facility unit cost increases will equal the 2014 facility unit cost increases. The physician unit cost changes reflect the contractual rate changes negotiated between MVP and physician groups, weighted on the utilization of these physician groups by MVP's commercial population.

Annual Rx trend factors split by generic, brand and specialty drugs were supplied by MVP's pharmacy vendor and reflect their best estimate of MVP's expected changes to pharmacy costs and drug utilization. To develop an aggregate Rx trend factor, MVP analyzed the distribution of claims over the experience period within each Rx category.

### **Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)**

MVP is filing its 2015 Exchange products on its HMO license, MVP Health Plan, Inc. (MVP HMO) which contained 1,195 member months for calendar year 2013. From January 2010 to December 2013, MVP's small group and individual HMO membership has decreased by 97%. Due to the size of the HMO block and the instability of the population in recent years, 0% credibility is being assigned to the data included in Section 1, Worksheet 1 of the Unified Rate Review Template and the first portion of Section 2, Worksheet 1 of the Unified Rate Review Template.

In conjunction with the single risk pool requirement, the allowed claims for MVP's small group EPO, small group PPO, small group HMO, and Individual Indemnity products were combined together for the incurred experience period 1/1/2013 – 12/31/2013, completed through 3/31/2014 and used in the development of the Allowed Index rate. The majority of the experience period members were enrolled in products on MVP's Insurance Company license, MVP Health Insurance Co. (MVP HIC). MVP assumes the merged risk pool data of 204,962 member months is 100% credible. MVP consulted with Milliman regarding credibility and according to Milliman's HCC cost guidelines, full credibility is assumed with 5,074 members.

A portion of the index rate claims are covered under a capitation arrangement. The cost associated with these claims reflects the PMPM payment MVP will owe its capitated vendors in 2015.

### **Paid-to-Allowed Ratio (Worksheet 1, Section 3 & Worksheet 2, Section 4 of Unified Rate Review Template)**

MVP projects a 75.4% actuarial value in 2015 assuming metal level requirements do not exist in the projection period. The paid-to-allowed ratio shown on Worksheet 2, Section 4 differs from the amount shown on Worksheet 1, Section 3 as members enrolled in plans outside of a metal level will be required to purchase plans with a different expected paid-to-allowed ratio in 2015.

### **Risk Adjustment and Reinsurance**

#### **Permanent Risk Adjustment Program**

No adjustment was made to the Index rate for anticipated receipts from or payments to HHS for this program. There was no market simulation done by the State of Vermont and therefore no basis for assuming anything other than a \$0 payment transfer between Carriers.

#### **Individual Temporary Reinsurance Pool**

MVP's paid claim projection is being adjusted down by 4.7% to account for the anticipated payments from the temporary reinsurance pool in 2015. The adjustment was derived by analyzing claims in the reinsurance corridor from calendar year 2011, 2012, and 2013 after trending claims to the projection period. A coinsurance amount of 50% was applied to claims in the corridor and the average over the three calendar years was calculated to arrive at 7.6%. As of April 2014, 61.3% of enrollees in ACA compliant plans are individuals. The percentage of members enrolled in individual products was applied to the expected reinsurance recoveries to determine the aggregate adjustment factor for this program. This translates to a value of \$12.81 PMPM net of the reinsurance contribution of \$3.67 PMPM.

#### **Temporary Risk Corridor**

No adjustment was made to the Index rate due to the temporary program.

### **Non-Benefit Expenses and Risk Margin**

#### *Temporary Individual Reinsurance Pool*

Beginning in 2014, carriers will be assessed a fee to fund the Temporary Reinsurance Pool which supports the individual reinsurance program both in and out of the exchange from 2014 through 2016. In the proposed HHS Notice of Benefit and Parameters for 2015, this fee is \$3.67 PMPM.

#### *ACA Insurer Tax*

Beginning in 2014, carriers will be taxed based on earned premium. Based on estimates from consultants, this tax will be approximately 2.0% for 2015 dates of service.

#### *Paid Claim Taxes*

In addition to the State of Vermont 0.999% tax on paid claims, MVP is subject to New York HCRA taxes which are based on paid claims. The New York HCRA tax is based only on claims paid for services performed by New York hospitals. The New York HCRA load equals 0.25%, and is based on historical HCRA charges incurred by MVP for its Vermont members.

#### *Premium Tax*

As a not-for-profit insurer, MVP Health Plan, Inc. is not subject to premium taxes.

#### *HHS Risk Adjustment User Fee*

Carriers are assessed a fee to fund the administration of HHS Risk Adjustment program being run by HHS. This fee is \$0.08 PMPM as stated in the Notice of Benefit and Payment Parameters notice for 2015.

#### *Comparative Effectiveness Research Fee*

A \$0.17 PMPM fee is being charged to fund the Federal Research Fund.

*VT Vaccine Pilot*

A Vermont state assessment based on plan premiums used to fund immunizations provided by the state.

*General Administrative Expense Load and QI component*

A 9.5% administrative load (1.2% for QI, 8.3% for all other) is included in the premium rate to cover MVP's expenses to market, sell and administer health insurance products. MVP is currently working towards improving administrative efficiencies to reduce its operating expenses to align with pricing loads. The percent being charged is less than the administrative percent charge reflected in MVP's Supplemental Health Care Exhibit for 2013 in the State of VT.

*Contribution to Reserves*

A 1.5% charge is included in the premium rates to serve as either an expected contribution to reserves to maintain solvency requirements if actual costs are more favorable than projected or to mitigate losses if actual costs exceed those projected.

*National Network Fee*

MVP has contracted with PHCS to provide an expanded network to members purchasing exchange products in VT. The access fee associated with this rental network is approximately \$1.50 PMPM.

**Loss Ratio**

The target pricing loss ratios included in these proposed premium rates comply with Federal and State requirements. The projected Federal MLR reflected in these premium rates is 89.5%. Please see the table below for an illustrative calculation:

<b>Traditional and Federal Target Loss Ratio Summary for 2015 Vermont Exchange Filing</b>			
<b>Non Claim Expense Categories</b>	<b>Included in Federal MLR</b>	<b>Type of Load</b>	<b>2015 Premium Rates</b>
General Admin (excluding QI Expenses)	Y	% premium	8.3%
Contribution to Reserves	Y	% premium	1.5%
Broker Load	Y	% premium	0.0%
Administrative Expenses for QI	N	% premium	1.2%
State Premium Tax	N	% premium	0.0%
Federal ACA Insurer Fees	N	% premium	2.0%
VT Vaccine Pilot	Y	% premium	0.6%
VT Paid Claim Surcharges	Y	% paid claims	1.0%
NY HCRA Claim Surcharges	Y	% paid claims	0.25%
National Network Fee	Y	PMPM	\$1.50
Federal HHS Risk Adjustment User Fees	N	PMPM	\$0.08
Federal Reinsurance Contribution Rate	N	PMPM	\$3.67
Comparative Eff Research Tax	N	PMPM	\$0.17
Projected Net Incurred Claims			\$352.16
Paid Claim Surcharges/Vaccine Assessment			\$6.80
Assumed Individual Reinsurance Recovery			(\$16.48)
Total Projected Medical Expense			\$342.48
Total Projected Gross Premium			\$399.88
Target Traditional MLR (total proj. medical expense/projected earned premium)			85.6%
Adjusted Medical Expense (add QI expenses)			\$347.27
Adjusted Premium (Fed&State non claims taxes/fees removed)			\$387.96
Target Federal MLR			89.5%

## Index Rate and Premium Rate Development

The experience period index rate of \$823.82 is equal to the small group HMO allowed claim data for the time period, 1/1/2013 – 12/31/2013, completed through 3/31/2014. Note, MVP HMO has experienced significant membership losses over the past four years and there were only 1,195 member months enrolled in this product over the experience period. As a result, MVP does not deem this data to be credible.

The projection period index rate of \$475.35 equals the projected single risk pool allowed claim cost adjusted to reflect the essential health benefits covered in the Exchange. A summary of the adjustments made to the experience period data to arrive at the index rate can be found in this memorandum under the section, "Projection Factors". The projection period index rate does not reflect expected risk adjustment payments/charges or the impact of the federal reinsurance program.

To arrive at plan-specific premium rates, the impact of pediatric dental claims were removed as MVP's benefit relativity model does not account for dental claims. Next, the expected recoveries from the Temporary Reinsurance Pool were removed from the index rate and the projected paid-to-allowed ratio was applied to arrive at an adjusted paid amount of \$330.30; this amount represents the starting point for which all plan premiums were developed after making market-wide adjustments. Single rates for each plan were calculated by performing the following calculations:

**Net Claim Cost for Plan<sub>x</sub>** = [2015 Adjusted Paid Claim Cost / Experience Period Paid-to-Allowed] \* [Plan<sub>x</sub> Induced Utilization / Experience Period Induced Utilization] \* Plan<sub>x</sub> Pricing AV

**Gross Claim Cost for Plan<sub>x</sub>** = [[Net Claim Cost for Plan<sub>x</sub> + Pediatric Dental Cost<sub>x</sub> + Benefits > EHBs] \* [1 + % of Paid Claims Taxes/Assessments] + PMPM Retention Components + PMPM Taxes/Assessments] / [1 - % of Premium Retention Components - % of Premium Taxes/Assessments]

**Single Rate<sub>x</sub>** = Gross Claim Cost for Plan<sub>x</sub> \* Single Conversion Factor

MVP is applying the induced utilization slope outlined in the HHS Notice of Benefit and Payment parameters for each plan design relative to the experience period paid to allowed ratio. Non-single contract rates were computed using the mandated standard tier ratios.

Note that members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.09. This figure was derived by analyzing the cost of MVP's current wellness program which provides a \$300 incentive per contract. The per-contract incentive of \$300 was converted to a per-adult incentive at the reduced benefit of \$50 per year. This additional cost was added to the plan specific values as a plan specific adjustment.

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of April 2014, it does not appear that anyone enrolled in this plan due to financial hardship as all of MVP's enrollees meet the age restrictions of this plan (< 30 years old). MVP determined the adjustment factor for this plan by calculating the age/gender factor for the eligible population and comparing it to the age/gender factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.549.

## Actuarial Values

The AV Metal Level for each plan was determined using the federally prescribed Actuarial Value Calculator (AVC). No adjustments to the Federal AVC were required to certify to MVP's non-standard benefits. Screenshots from the Federal AVC are attached in SERFF for all of the benefits being offered by MVP in this filing.

The AV Pricing Value for each plan was determined using MVP's in-house benefit pricing tools. The pricing tools value the paid-to-allowed ratio of unique benefit plan designs from a starting single risk pool allowed amount. Induced utilization differences between benefit plans are not assumed in the model, but are reflected in the proposed premiums. To account for induced utilization, MVP is applying the induced utilization slope outlined in the HHS Notice of Benefit and Payment parameters for each plan design relative to the experience period paid to allowed ratio.

### **Membership Projection**

MVP has assumed the 2015 Exchange membership will equal the current Exchange membership enrollment by product and CSR level. MVP recognizes that groups and individuals that have not yet renewed their benefits in 2014 are not reflected in this figure.

### **Terminated Products**

MVP is terminating its non-grandfathered existing small group and individual Vermont portfolio of products in 2014. Internal discussions are still taking place regarding the decision to retire MVP's grandfathered individual products. The following is a list of the HIOS Product IDs reflected in the "Terminated Products" field of Worksheet 2: 92802VT002, 92802VT003, 92802VT004, 92802VT005, 92802VT006, 92802VT007, 92802VT010, 77556VT001, 77556VT002, 77556VT004.

### **Warning Alerts**

There are no warning alerts.

### **Reliance**

I relied upon the Actuarial Certifications for the Actuarial Certification of the EHB substitution for the Private Duty Nursing annual benefit limit provided by Howard Kahn from Milliman Consulting. In addition, I relied on him for estimates of the cost of specific benefit expansions included in the EHB and pediatric dental claim costs.

### **Actuarial Certification**

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following; ASOP#5, ASOP#8, ASOP#12, ASOP#23, ASOP#25, ASOP#26, and ASOP#41.



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Matthew Lombardo, FSA, MAAA  
Actuarial Manager, Commercial Pricing  
MVP Health Plan, Inc.

05/30/2014  
Date



## **Consumer Disclosure about Proposed Health Insurance Rate Increase 2015 Vermont Exchange Rate Filing**

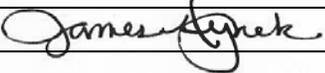
MVP Health Plan, Inc. (MVP) is a not-for-profit health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

MVP must obtain approval from the Green Mountain Care Board (GMCB) for the health insurance premium rates charged. MVP files premium rates for the Exchange annually which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2015 premium rates (dates of coverage between January 1, 2015 and December 31, 2015).

The premium rates filed for approval reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates. However, premium rates generally increase over time. Increases in premium rates are driven by many factors including increases in use of medical services by the insured population, increases in hospital and physician required charges for medical care, expanded covered services due to government mandates, fees and assessments charged by the government to insurers, and the exit of healthier individuals from the insurance market place as the cost of insurance increases.

The premium rates included in this rate filing reflect a 15.4% increase over the prior rates. The minimum proposed rate change for members renewing is 10.7% while the maximum rate change is 18.3%. 4,798 members are enrolled in products included in this filing.

The proposed premium rates for this filing are subject to a public comment period which begins on the day the GMCB posts this filing to its website and concludes after 15 days.

<b>Certification of Compliance</b>
I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.
Print Name: James Hynek                      Title: Executive Vice President & CFO
Signature:  Date: 5/29/14

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	<b>Unified Rate Review v2.0.2</b>																						
2																							
3	Company Legal Name:	<b>MVP Health Plan, Inc.</b>					State:	<b>VT</b>															
4	HIOS Issuer ID:	<b>77566</b>					Market:	<b>Combined</b>															
5	Effective Date of Rate Change(s):	<b>1/1/2015</b>																					
6																							
7																							
8	<b>Market Level Calculations (Same for all Plans)</b>																						
9																							
10																							
11	<b>Section I: Experience period data</b>																						
12	Experience Period:	1/1/2013		to	12/31/2013																		
13		<u>Experience Period</u>			<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>															
14	Premiums (net of MLR Rebate) in Experience Period:	\$870,440			\$728.40			100.00%															
15	Incurred Claims in Experience Period	\$984,468			823.82			113.10%															
16	Allowed Claims:	\$1,023,846			856.78			117.62%															
17	Index Rate of Experience Period				\$856.78																		
18	Experience Period Member Months	1,195																					
19																							
20	<b>Section II: Allowed Claims, PMPM basis</b>																						
21		Experience Period			Projection Period: 1/1/2015 to 12/31/2015		Mid-point to Mid-point, Experience to Projection:										24 months						
22		<u>on Actual Experience Allowed</u>		<u>Adj't. from Experience to Annualized Trend</u>				<u>Projections, before credibility Adjustment</u>						<u>Credibility Manual</u>									
23	<b>Benefit Category</b>	<b>Utilization Description</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>PMPM</b>	<b>Pop'l risk Morbidity</b>	<b>Other</b>	<b>Cost</b>	<b>Util</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>PMPM</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>PMPM</b>								
24	Inpatient Hospital	Days	1,020.66	\$1,668.92	\$141.95	1.007	1.006	1.060	1.000	1,028.26	\$1,887.75	\$161.76	209.71	\$4,931.26	\$86.18								
25	Outpatient Hospital	Visits	3,799.69	965.91	305.85	1.007	1.006	1.054	1.000	3,827.96	1,079.24	344.28	2173.14	1,005.06	182.01								
26	Professional	Visits	8,084.45	343.90	231.69	1.007	1.006	1.092	1.000	8,144.60	412.77	280.16	5143.63	319.07	136.76								
27	Other Medical	Other	495.17	965.74	39.85	1.007	1.006	1.054	1.000	498.86	1,079.05	44.86	310.67	814.71	21.09								
28	Capitation	Benefit Period	12,000.00	80.42	80.42	1.007	1.000	1.000	1.000	12,089.28	80.42	81.02	12089.28	6.78	6.83								
29	Prescription Drug	Prescriptions	18,707.95	36.57	57.02	1.007	1.000	1.040	1.020	19,603.13	39.52	64.56	10193.97	64.68	54.95								
30	Total				\$856.78							\$976.63			\$487.82								
31																							
32	<b>Section III: Projected Experience:</b>	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										0.00%	100.00%	<u>After Credibility</u>	<u>Projected Period Totals</u>								
33		Paid to Allowed Average Factor in Projection Period												0.741	\$28,086,944								
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$361.50	\$20,813,629								
35		Projected Risk Adjustments PMPM												-0.08	(4,606)								
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$361.58	\$20,818,235								
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM												13.02	749,656								
38		Projected Incurred Claims												\$348.56	\$20,068,579								
39		Administrative Expense Load												10.12%	41.42	2,384,608							
40		Profit & Risk Load												1.00%	4.09	235,717							
41		Taxes & Fees												3.74%	15.33	882,615							
42		Single Risk Pool Gross Premium Avg. Rate, PMPM													\$409.40	\$23,571,520							
43		Index Rate for Projection Period												\$487.82									
44		% increase over Experience Period												-43.79%									
45		% Increase, annualized:												-25.03%									
46		<b>Projected Member Months</b>													57,576								
47																							
48																							
49	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																						
50																							

Product-Plan Data Collection

Company Legal Name:  
 HIOS Issuer ID:  
 Effective Date of Rate Change(s):

MVP Health Plan, Inc.  
 77566  
 1/1/2015

State: VT  
 Market: Combined

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Vermont HMO Contract Ind 77566V7004												Vermont HMO Contract Grp 77566V7005												Terminated Products: 2013 Experience					
	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic										
Product ID:																														
AV Metal Value	0.880	0.795	0.780	0.712	0.692	0.681	0.615	0.606	0.599	0.604	0.880	0.795	0.780	0.712	0.692	0.681	0.615	0.606	0.599	0.604	0.880	0.795	0.780	0.712	0.692	0.681	0.615	0.606	0.599	0.604
AV Pricing Value	0.907	0.836	0.839	0.741	0.709	0.713	0.609	0.620	0.617	0.596	0.907	0.836	0.839	0.741	0.709	0.713	0.609	0.620	0.617	0.596	0.907	0.836	0.839	0.741	0.709	0.713	0.609	0.620	0.617	0.596
Plan Type:																														
Plan Name:	FRVT-HMO-P-001-S	FRVT-HMO-G-001-S	FRVT-HMO-G-002-N	FRVT-HMO-S-001-S	FRVT-HMOH-S-001-S	FRVT-HMO-S-001-N	FRVT-HMO-B-001-S	FRVT-HMOH-B-001-S	FRVT-HMO-B-001-N	FRVT-HMO-C-001-S	FRVT-HMO-P-001-S	FRVT-HMO-G-001-S	FRVT-HMO-G-002-N	FRVT-HMO-S-001-S	FRVT-HMOH-S-001-S	FRVT-HMO-S-001-N	FRVT-HMO-B-001-S	FRVT-HMOH-B-001-S	FRVT-HMO-B-001-N	FRVT-HMO-C-001-S	FRVT-HMO-P-001-S	FRVT-HMO-G-001-S	FRVT-HMO-G-002-N	FRVT-HMO-S-001-S	FRVT-HMOH-S-001-S	FRVT-HMO-S-001-N	FRVT-HMO-B-001-S	FRVT-HMOH-B-001-S	FRVT-HMO-B-001-N	FRVT-HMO-C-001-S
Plan ID (Standard Component ID):	77566V70040001	77566V70040002	77566V70040004	77566V70040005	77566V70040006	77566V70040007	77566V70040009	77566V70040010	77566V70040011	77566V70040013	77566V70050001	77566V70050002	77566V70050004	77566V70050005	77566V70050006	77566V70050007	77566V70050009	77566V70050010	77566V70050011	77566V70050001	77566V70050002	77566V70050004	77566V70050005	77566V70050006	77566V70050007	77566V70050009	77566V70050010	77566V70050011	77566V70020001	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Historical Rate Increase - Calendar Year - 2	0.00%																													
Historical Rate Increase - Calendar Year - 1	0.00%																													
Historical Rate Increase - Calendar Year 0	0.00%																													
Effective Date of Proposed Rates:	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	
Rate Change % (over prior filing)	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%
Cumulative Rate Change % (over 12 mos prior)	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%
Prod'd Per Rate Change % (over Expt. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	17.63%																													

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	77566V70040001	77566V70040002	77566V70040004	77566V70040005	77566V70040006	77566V70040007	77566V70040009	77566V70040010	77566V70040011	77566V70040013	77566V70050001	77566V70050002	77566V70050004	77566V70050005	77566V70050006	77566V70050007	77566V70050009	77566V70050010	77566V70050011	77566V70020001										
Inpatient	\$0.00	\$18.81	\$17.82	\$17.59	\$10.66	\$13.66	\$14.07	\$9.16	\$14.05	\$4.97	\$18.08	\$18.81	\$17.82	\$17.59	\$10.66	\$13.66	\$14.07	\$9.16	\$14.05	\$4.97	\$18.08	\$18.81	\$17.82	\$17.59	\$10.66	\$13.66	\$14.07	\$9.16	\$14.05	\$4.97	\$18.08
Outpatient	\$0.00	\$11.49	\$11.35	\$11.33	\$11.18	\$6.77	\$8.68	\$8.94	\$5.82	\$8.93	\$3.16	\$11.49	\$11.35	\$11.33	\$11.18	\$6.77	\$8.68	\$8.94	\$5.82	\$8.93	\$3.16	\$11.49	\$11.35	\$11.33	\$11.18	\$6.77	\$8.68	\$8.94	\$5.82	\$8.93	\$3.16
Professional	\$0.00	\$85.99	\$97.37	\$95.41	\$94.95	\$27.16	\$37.86	\$38.20	\$27.92	\$37.86	\$18.20	\$85.99	\$97.37	\$95.41	\$94.95	\$27.16	\$37.86	\$38.20	\$27.92	\$37.86	\$18.20	\$85.99	\$97.37	\$95.41	\$94.95	\$27.16	\$37.86	\$38.20	\$27.92	\$37.86	\$18.20
Prescription Drug	\$0.00	(\$2.43)	(\$2.53)	(\$2.40)	(\$2.37)	(\$1.43)	(\$1.38)	(\$1.23)	(\$1.38)	(\$0.97)	(\$2.43)	(\$2.53)	(\$2.40)	(\$2.37)	(\$1.43)	(\$1.38)	(\$1.23)	(\$1.38)	(\$0.97)	(\$2.43)	(\$2.53)	(\$2.40)	(\$2.37)	(\$1.43)	(\$1.38)	(\$1.23)	(\$1.38)	(\$0.97)	(\$2.43)	(\$2.53)	(\$2.40)
Other	\$0.00	(\$2.64)	(\$2.75)	(\$2.60)	(\$2.57)	(\$1.56)	(\$1.56)	(\$1.34)	(\$1.56)	(\$0.73)	(\$2.64)	(\$2.75)	(\$2.60)	(\$2.57)	(\$1.56)	(\$1.56)	(\$1.34)	(\$1.56)	(\$0.73)	(\$2.64)	(\$2.75)	(\$2.60)	(\$2.57)	(\$1.56)	(\$1.56)	(\$1.34)	(\$1.56)	(\$0.73)	(\$2.64)	(\$2.75)	(\$2.60)
Capitalization	\$0.00	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05
Administration	\$0.00	\$7.57	\$7.83	\$7.56	\$7.58	\$5.00	\$6.13	\$6.38	\$4.51	\$6.37	\$3.15	\$7.57	\$7.83	\$7.56	\$7.58	\$5.00	\$6.13	\$6.38	\$4.51	\$6.37	\$3.15	\$7.57	\$7.83	\$7.56	\$7.58	\$5.00	\$6.13	\$6.38	\$4.51	\$6.37	\$3.15
Taxes & Fees	\$0.00	\$1.52	\$1.54	\$1.41	\$1.29	\$0.32	\$0.73	\$0.72	\$0.05	\$0.72	(\$0.09)	\$1.52	\$1.54	\$1.41	\$1.29	\$0.32	\$0.73	\$0.72	\$0.05	\$0.72	(\$0.09)	\$1.52	\$1.54	\$1.41	\$1.29	\$0.32	\$0.73	\$0.72	\$0.05	\$0.72	(\$0.09)
Risk & Profit Charge	\$0.00	\$6.27	\$5.61	\$5.62	\$4.78	\$4.38	\$4.48	\$3.77	\$3.75	\$3.82	\$2.01	\$6.27	\$5.61	\$5.62	\$4.78	\$4.38	\$4.48	\$3.77	\$3.75	\$3.82	\$2.01	\$6.27	\$5.61	\$5.62	\$4.78	\$4.38	\$4.48	\$3.77	\$3.75	\$3.82	\$2.01
Total Rate Increase	\$0.00	\$75.83	\$77.99	\$74.19	\$72.49	\$45.37	\$57.05	\$57.95	\$38.97	\$57.92	\$21.12	\$75.83	\$77.99	\$74.19	\$72.49	\$45.37	\$57.05	\$57.95	\$38.97	\$57.92	\$21.12	\$75.83	\$77.99	\$74.19	\$72.49	\$45.37	\$57.05	\$57.95	\$38.97	\$57.92	\$21.12
Member Cost Share Increase	\$0.00	\$1.67	\$1.36	\$1.51	\$1.90	\$8.85	\$18.14	\$8.85	\$6.52	\$21.05	\$5.21	\$1.67	\$1.36	\$1.51	\$1.90	\$8.85	\$18.14	\$8.85	\$6.52	\$21.05	\$5.21	\$1.67	\$1.36	\$1.51	\$1.90	\$8.85	\$18.14	\$8.85	\$6.52	\$21.05	\$5.21
Average Current Rate PMPM	\$154.30	\$513.21	\$448.72	\$450.42	\$369.18	\$370.10	\$361.98	\$290.27	\$316.25	\$295.29	\$168.92	\$513.21	\$448.72	\$450.42	\$369.18	\$370.10	\$361.98	\$290.27	\$316.25	\$295.29	\$168.92	\$513.21	\$448.72	\$450.42	\$369.18	\$370.10	\$361.98	\$290.27	\$316.25	\$295.29	\$168.92
Projected Member Months	57,576	2,664	924	336	4,452	2,160	4,152	14,760	1,584	3,072	1,188	4,848	1,044	672	3,024	4,860	1,548	1,944	2,868	1,476	0	4,848	1,044	672	3,024	4,860	1,548	1,944	2,868	1,476	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	77566V70040001	77566V70040002	77566V70040004	77566V70040005	77566V70040006	77566V70040007	77566V70040009	77566V70040010	77566V70040011	77566V70040013	77566V70050001	77566V70050002	77566V70050004	77566V70050005	77566V70050006	77566V70050007	77566V70050009	77566V70050010	77566V70050011	77566V70020001	
Average Rate PMPM	\$728.40																					
Member Months	1,196																					
Total Premium (TP)	\$870,440	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EHB Percent of TP (see instructions)	0.00%																					
State mandated benefits portion of TP that are other than EHB	0.00%																					
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Total Allowed Claims (TAC)	\$1,023,846																					
EHB Percent of TAC (see instructions)	100.00%																					
State mandated benefits portion of TAC that are other than EHB	0.00%																					
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Allowed Claims which are not the issuer's obligation (Portion of above payable by HHS's funds on behalf of insured person, in dollars)	\$39,278	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!																				
Total Incurred Claims, payable with issuer funds	\$984,568	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Net Amt of Reim	\$0.00																					
Net Amt of Risk Adj	\$0.00																					
Incurred Claims PMPM	\$856.78	#DIV/0!																				
Allowed Claims PMPM	\$856.78	#DIV/0!																				
EHB portion of Allowed Claims, PMPM	\$856.78	#DIV/0!																				

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	77566V70040001	77566V70040002	77566V70040004	77566V70040005	77566V70040006	77566V70040007	77566V70040009	77566V70040010	77566V70040011	77566V70040013	77566V70050001	77566V70050002	77566V70050004	77566V70050005	77566V70050006	77566V70050007	77566V70050009	77566V70050010	77566V70
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Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

**Purpose, Scope, and Reason for Rate Increase**

Insurance Company Name	MVP Health Care, Inc.
HIOS ID	77566
SERFF Filing Number	MVPH-129560321
Date of Submission	6/2/2014
Proposed Effective Date	1/1/2015

	Before Rate Increase	After Rate Increase
Average annual premium per policy	\$4,253	\$4,866

Proposed Overall Rate Change	14.42%	Difference between figure quoted in Actuarial Memorandum and cell B15 due
Proposed Minimum Rate Change	10.70%	
Proposed Maximum Rate Change	18.32%	

Relationship of Proposed Rate Scale to Current Rate Scale Due to:

	Description	Relativity
Claims Experience	2015 Trend, Impact of 2014 Contract Changes after 2014 Exchange filing submission, Correction to Claim Projection in 2014 Rate Filing	1.0836
Age / Gender	N/A	1.0000
Tier	Change in Single Conversion Factor	1.0060
Geography	N/A	1.0000
Tobacco	N/A	1.0000
Benefit Plan Relativities	Changes to pricing model	1.0291
Mandated Benefit Changes	Pediatric Dental (Class 1 Covered in Full), Mental Health/ Sub Abuse Changes	1.0013
Non-Mandated Benefit Changes	Addition of National Network	1.0026
Other	Change in Temporary Reinsurance Recoveries assumed and Contribution Rate, Impact of GMCB decision on 2014 Rates (excluding morbidity impact)	1.0160
Total Average Relativity of Proposed vs. Current Scale		1.1442

**Annual Rate Change Distribution**

	Impacted # of Subscribers	Impacted # of Members	Impacted # of Policyholders
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	0	0	0
Increase of 5.01% to 10.00%	0	0	0
Increase of 10.01% to 14.99%	1,414	2,240	894
Increase of 15.00% or more	1,720	2,558	1,477
Total	3,134	4,798	2,371

**History of Rate Changes**

Rate Effective Month and Year:	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2012	0.00%	0.00%
2013	0.00%	0.00%
2014	0.00%	0.00%

**Experience Period Used in Rate Development**

General Description of Experience Used in Rate Development (may be different than experience shown in URRR)	Calendar Year 2013 data for Small Group AR42, AR44, and Individual Indemnity products
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Does experience include pools/blocks of business not affected by proposed rate change?  Yes (Yes or No)

Time period used for Experience Data in Rate Development	Incurred From Month/Year	Incurred To Month/Year
	1/1/2013	12/31/2013

Total Written Premium in Experience Period	\$76,268,269
Total Earned Premium in Experience Period	\$76,188,105
Total Incurred Claims in Experience Period	\$66,330,611
Loss Ratio	87.06%

Paid Through Date For Claims	3/31/2014
IBNR as % of Incurred Claims	2.54%
IBNR as # of Months of Paid Claims	0.30

Number of Policyholders	2,371
Number of Covered Lives	4,798

Service Category	Incurred Claims \$ PMPM	% Incurred
Inpatient Facility	\$73.11	22.6%

Outpatient Facility	\$126.54	39.1%
Professional	\$76.37	23.6%
Prescription Drugs	\$31.48	9.7%
Capitation and Other Provider Payments	\$6.78	2.1%
Other	\$9.34	2.9%
Total	\$323.62	

**Credibility Analysis**

Assumed Experience Credibility %	100.00%
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Description of Credibility Formula and the Theoretical Basis for Use	The assumption of 100% credibility is consistent with Milliman's HCC cost guidelines, which assumes full credibility for pricing at 5,074 members.
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**Alternative Data Sources**

Description of Any Alternative Experience Data Used in Rate Development	N/A
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Description of Any Manual Rate Data Used in Rate Development	N/A
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**Retention**

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date
Payroll and Benefits	\$21.01	\$29.47	N/A
Outsourced Services (EDP, claims, etc.)	\$3.31	\$6.31	N/A
Auditing and consulting	\$0.33	\$0.49	N/A
Marketing & Advertising	\$2.52	\$2.58	N/A
Legal Expenses	\$0.22	\$0.36	N/A
Other General Admin Expense	\$9.28	\$13.70	N/A
Commissions & Brokers Fees	\$13.68	\$0.09	N/A
Taxes, Licenses & Fees	\$9.90	\$0.00	N/A
Reinsurance	\$0.68	\$0.00	N/A
Profit/Risk Margin	-\$26.41	-\$23.61	N/A

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date
Payroll and Benefits	5.65%	8.31%	N/A
Outsourced Services (EDP, claims, etc.)	0.89%	1.78%	N/A
Auditing and consulting	0.09%	0.14%	N/A
Marketing & Advertising	0.68%	0.73%	N/A
Legal Expenses	0.06%	0.10%	N/A
Other General Admin Expense	2.50%	3.87%	N/A
Commissions & Brokers Fees	3.68%	0.02%	N/A
Taxes, Licenses & Fees	2.66%	0.00%	N/A
Reinsurance	0.18%	0.00%	N/A
Profit/Risk Margin	-7.11%	-6.66%	N/A

**Trend & Projection Assumptions**

Service Category	Util. Adjustments to Current Rate		
	Util/1000 Trend	Benefit Plan Change	Population Change
Inpatient Facility	1.0000	1.003	0.990
Outpatient Facility	1.0000	1.003	0.990
Professional	1.0000	1.003	0.990
Prescription Drugs	1.0240	1.000	0.990
Capitation and Other Provider Payments	1.0000	1.000	0.990
Other	1.0000	1.003	0.990

Service Category	Util. Adjustments to Current Rate		
	Util/1000 Trend	Benefit Plan Change	Population Change
Inpatient Facility	1.0000	1.003	0.990
Outpatient Facility	1.0000	1.003	0.990
Professional	1.0000	1.003	0.990
Prescription Drugs	1.0250	1.000	0.990
Capitation and Other Provider Payments	1.0000	1.000	0.990
Other	1.0000	1.003	0.990

Service Category	Incurred Claims \$ PMPM	Medical Trend
Inpatient Facility	\$73.11	1.08759
Outpatient Facility	\$126.54	1.08759
Professional	\$76.37	1.08759
Prescription Drugs	\$31.48	1.11431
Capitation and Other Provider Payments	\$6.78	0.99586
Other	\$9.34	1.08759
Aggregate	\$323.62	1.088272634

and Analysis Based on Experience Data Time Period used for Rate Development

Month

Member Months

Monthly Incurred Claims \$ PMPM

Jan-2011	19,543	\$206.57
Feb-2011	19,584	\$226.93
Mar-2011	19,546	\$266.12
Apr-2011	19,562	\$270.08
May-2011	19,346	\$261.56
Jun-2011	19,224	\$273.57
Jul-2011	19,222	\$279.98
Aug-2011	19,209	\$291.11
Sep-2011	19,094	\$278.32
Oct-2011	19,089	\$302.50
Nov-2011	19,038	\$317.16
Dec-2011	18,891	\$299.26
Jan-2012	18,373	\$268.31
Feb-2012	18,270	\$260.99
Mar-2012	18,036	\$288.74
Apr-2012	17,962	\$287.86
May-2012	17,871	\$269.49
Jun-2012	17,832	\$252.26
Jul-2012	17,800	\$253.42
Aug-2012	17,754	\$295.15
Sep-2012	17,702	\$250.06
Oct-2012	17,704	\$359.11
Nov-2012	17,682	\$312.49
Dec-2012	17,546	\$305.80
Jan-2013	17,483	\$300.55
Feb-2013	17,353	\$273.50
Mar-2013	17,292	\$296.14
Apr-2013	17,272	\$297.79
May-2013	17,180	\$338.84
Jun-2013	17,197	\$309.82
Jul-2013	17,105	\$285.51
Aug-2013	17,043	\$328.77
Sep-2013	16,912	\$325.31
Oct-2013	16,806	\$373.47
Nov-2013	16,675	\$331.13
Dec-2013	16,644	\$336.57

**Solvency**

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	0	0
Authorized Control Level	0	0
RBC Ratio		

**Loss Ratio**

Time Period	Period Beginning Date	Period Ending Date	Member Months
Historical Year -4	1/1/2009	12/31/2009	204,704
Historical Year -3	1/1/2010	12/31/2010	242,100
Historical Year -2	1/1/2011	12/31/2011	242,669
Historical Year -1	1/1/2012	12/31/2012	220,949
Historical Year 0	1/1/2013	12/31/2013	204,962
<b>Historical Totals</b>			<b>1,115,384</b>
<b>Interim Time Period</b>	<b>1/1/2014</b>	<b>12/31/2014</b>	<b>57,576</b>
<b>Future Year 1</b>	<b>1/1/2015</b>	<b>12/31/2015</b>	<b>57,576</b>

Anticipated Federal loss ratio standard in market

89.5%
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Justification for relationship of Federal MLR standard and the projected future loss ratio including detailed break down of adjustments

*Please see the Actuarial Memorandum for a detailed breakdown of the future loss ratio and projected Federal MLR.*

**Note:**

The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out. In instances where the start dates and end dates do not line up with a calendar year, partial years should be used. The interim time period the time between the end date of the "Most Recent Date Available" and the rate effective date. The future year should represent the 12 months immediately following the rate effective date.

**Consumer Adjusted Premium Rate Development**

Index Rate for Projected Period PMPM	\$475.35
Risk Adjustment PMPM	\$0.00
Gross Reinsurance Contributions PMPM	(\$22.29)
Removing Pediatric Dental Allowed Cost	(\$8.00)
Exchange User Fees PMPM	\$0.00
Market Adjusted Index Rate PMPM	\$445.06
Adjusted Market Index Rate based on Paid Claim Pricing Methodology	\$26.12
Starting Allowed Amount for Pricing	\$471.18

Product	Vermont HMO Contract Ind/Grp	N/A	Vermont HMO Contract Ind/Grp
Product ID	77566VT004	N/A	77566VT004
Plan ID	77566VT0040001	N/A	77566VT0040002
Metal Tier	Platinum (with highest Metal AV)	Platinum (with lowest Metal AV)	Gold (with highest Metal AV)
Metal AV Value	0.880	N/A	0.795
Pricing AV Value	0.907	N/A	0.836
Projected Member Months	7512	N/A	1968
Market Adjusted Index Rate PMPM	\$471.18	\$471.18	\$471.18
Plan Adjustments (in multiplicative format)			
Actuarial value and cost-sharing design of the plan	1.016	N/A	0.899
Adding in Plan Specific Pediatric Dental Net Claim Cost	1.015	N/A	1.014
Provider network, delivery system characteristics and utilization management practices	1.003	N/A	1.003
Plan benefits in addition to EHB	1.000	N/A	1.000
Expected impact of special eligibility categories (only for catastrophic plans)	1.000	N/A	1.000
Plan Adjustments (in % format)			
Distribution and administration costs	15.6%	N/A	15.7%
Plan Adjusted Index Rate	\$577.30	#VALUE!	\$511.31
Age Calibration Factor	1.000	1.000	1.000
Geography Calibration Factor	1.000	1.000	1.000
Aggregate Calibration Factor	1.000	1.000	1.000
Consumer Adjusted Premium Rate PMPM	\$577.30	#VALUE!	\$511.31





	NON-STANDARD PLANS				STANDARD PLANS								Catastrophic	Total Annual Premium
	GOLD	SILVER		BRONZE	PLATINUM	GOLD	SILVER		BRONZE					
		CSR	Non-CSR				CSR HDHP	Non-CSR Non-HDHP	CSR HDHP	Non-CSR Non-HDHP				
<b>2015 Proposed Rates</b>														
Single Rate	\$599.00	\$478.52	\$478.52	\$403.43	\$672.55	\$595.68	\$474.43	\$504.35	\$474.43	\$504.35	\$405.69	\$397.72	\$217.16	
Couple Rate	\$1,198.00	\$957.04	\$957.04	\$806.86	\$1,345.10	\$1,191.36	\$948.86	\$1,008.70	\$948.86	\$1,008.70	\$811.38	\$795.44	\$434.32	
Adult and Child(ren) Rate	\$1,156.07	\$923.54	\$923.54	\$778.62	\$1,298.02	\$1,149.66	\$915.65	\$973.40	\$915.65	\$973.40	\$782.98	\$767.60	\$419.12	
Family Rate	\$1,683.19	\$1,344.64	\$1,344.64	\$1,133.64	\$1,889.87	\$1,673.86	\$1,333.15	\$1,417.22	\$1,333.15	\$1,417.22	\$1,139.99	\$1,117.59	\$610.22	\$24,671,514.72
<b>2014 Approved Rates</b>														
Single Rate	\$521.59	\$419.17	\$419.17	\$341.95	\$594.30	\$513.83	\$428.58	\$427.51	\$428.58	\$427.51	\$366.22	\$336.13	\$195.61	
Couple Rate	\$1,043.18	\$838.34	\$838.34	\$683.90	\$1,188.60	\$1,027.66	\$857.16	\$855.02	\$857.16	\$855.02	\$732.44	\$672.26	\$391.22	
Adult and Child(ren) Rate	\$1,006.67	\$809.00	\$809.00	\$659.96	\$1,147.00	\$991.69	\$827.16	\$825.09	\$827.16	\$825.09	\$706.80	\$648.73	\$377.53	
Family Rate	\$1,465.67	\$1,177.87	\$1,177.87	\$960.88	\$1,669.98	\$1,443.86	\$1,204.31	\$1,201.30	\$1,204.31	\$1,201.30	\$1,029.08	\$944.53	\$549.66	\$21,420,166.32
<b>2015 Proposed Rate Increases</b>														
Single Rate	14.8%	14.2%	14.2%	18.0%	13.2%	15.9%	10.7%	18.0%	10.7%	18.0%	10.8%	18.3%	11.0%	
Couple Rate	14.8%	14.2%	14.2%	18.0%	13.2%	15.9%	10.7%	18.0%	10.7%	18.0%	10.8%	18.3%	11.0%	
Adult and Child(ren) Rate	14.8%	14.2%	14.2%	18.0%	13.2%	15.9%	10.7%	18.0%	10.7%	18.0%	10.8%	18.3%	11.0%	
Family Rate	14.8%	14.2%	14.2%	18.0%	13.2%	15.9%	10.7%	18.0%	10.7%	18.0%	10.8%	18.3%	11.0%	15.2%
<b>Actual 2014 Contracts</b>														
Single Rate	38	113	132	157	196	59	181	149	52	122	145	714	95	
Couple Rate	10	27	40	56	86	22	27	34	21	33	34	180	2	
Adult and Child(ren) Rate	0	5	1	3	18	5	13	4	1	3	9	25	0	
Family Rate	7	18	4	24	53	13	51	42	2	7	33	68	0	
Total	55	163	177	240	353	99	272	229	76	165	221	987	97	
<b>Projected 2015 Contracts</b>														
Single Rate	38	113	132	157	196	59	181	149	52	122	145	714	95	
Couple Rate	10	27	40	56	86	22	27	34	21	33	34	180	2	
Adult and Child(ren) Rate	0	5	1	3	18	5	13	4	1	3	9	25	0	
Family Rate	7	18	4	24	53	13	51	42	2	7	33	68	0	
Total	55	163	177	240	353	99	272	229	76	165	221	987	97	

**April 2014 Membership Snapshot by Product and Market Segment**

Plan Name	Product Type	Metal Level	Standard/Non-Standard	Subsidy Level	Single	Double	Parent/Child	Family	Total Members
FRVT-HMO-P-001-S	HyHMO	Platinum	Standard	N/A	196	172	43	215	626
FRVT-HMO-G-001-S	HyHMO	Gold	Standard	N/A	59	44	14	47	164
FRVT-HMO-G-002-N	HyHMO	Gold	Non-Standard	N/A	38	20	0	26	84
FRVT-HMO-S-001-S	HyHMO	Silver	Standard	N/A	149	68	12	167	396
FRVT-HMO-S-001-S	HyHMO	Silver	Standard	73%	24	18	0	0	42
FRVT-HMO-S-001-S	HyHMO	Silver	Standard	77%	32	18	2	19	71
FRVT-HMO-S-001-S	HyHMO	Silver	Standard	87%	44	20	3	7	74
FRVT-HMO-S-001-S	HyHMO	Silver	Standard	94%	22	10	5	3	40
FRVT-HMOH-S-001-S	HDHMO	Silver	Standard	N/A	181	54	32	211	478
FRVT-HMOH-S-001-S	HDHMO	Silver	Standard	73%	7	8	0	6	21
FRVT-HMOH-S-001-S	HDHMO	Silver	Standard	77%	11	20	4	0	35
FRVT-HMOH-S-001-S	HDHMO	Silver	Standard	87%	22	12	0	3	37
FRVT-HMOH-S-001-S	HDHMO	Silver	Standard	94%	12	2	0	0	14
FRVT-HMO-S-001-N	HyHMO	Silver	Non-Standard	N/A	113	54	10	70	247
FRVT-HMO-S-001-N	HyHMO	Silver	Non-Standard	73%	22	12	0	3	37
FRVT-HMO-S-001-N	HyHMO	Silver	Non-Standard	77%	38	20	0	8	66
FRVT-HMO-S-001-N	HyHMO	Silver	Non-Standard	87%	47	30	2	0	79
FRVT-HMO-S-001-N	HyHMO	Silver	Non-Standard	94%	25	18	0	3	46
FRVT-HMO-B-001-S	HMO	Bronze	Standard	N/A	714	360	56	262	1,392
FRVT-HMOH-B-001-S	HDHMO	Bronze	Standard	N/A	145	68	22	136	371
FRVT-HMO-B-001-N	HMO	Bronze	Non-Standard	N/A	157	112	6	104	379
FRVT-HMO-C-001-S	HMO	Catastrophic	Standard	N/A	95	4	0	0	99
<b>Total</b>					<b>2,153</b>	<b>1,144</b>	<b>211</b>	<b>1,290</b>	<b>4,798</b>

Experience Period Age Factor

1.57

Current Exchange Snapshot Age Factor

1.61

Change in HHS Age Factor

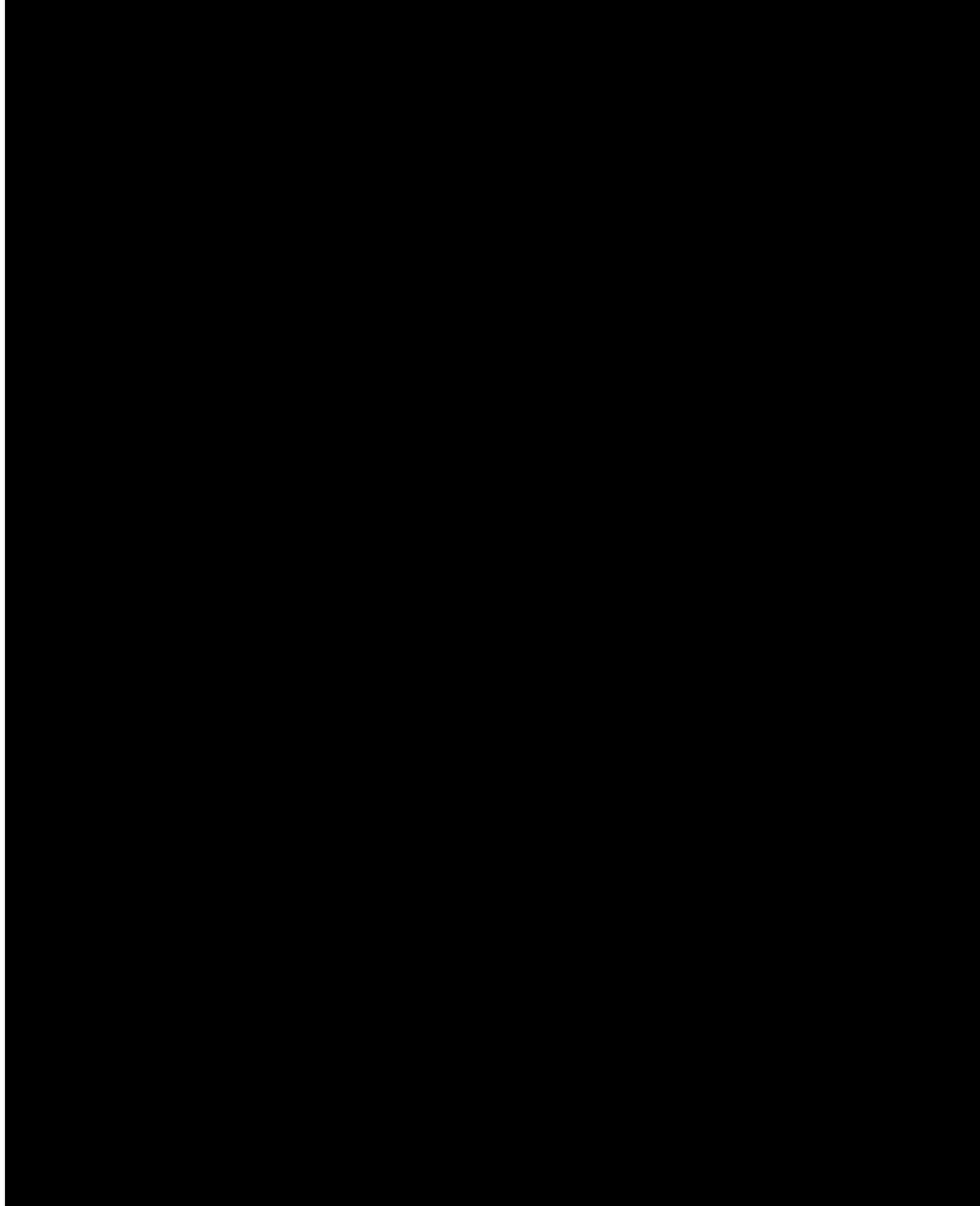
2.8%

April 2014 Exchange Membership Snapshot by Age		
Age	Members	HHS Age Factor
0	14	0.635
1	17	0.635
2	13	0.635
3	25	0.635
4	14	0.635
5	24	0.635
6	27	0.635
7	27	0.635
8	24	0.635
9	31	0.635
10	35	0.635
11	37	0.635
12	29	0.635
13	28	0.635
14	33	0.635
15	36	0.635
16	34	0.635
17	46	0.635
18	39	0.635
19	60	0.635
20	62	0.635
21	60	1.000
22	51	1.000
23	60	1.000
24	66	1.000
25	61	1.004
26	107	1.024
27	81	1.048
28	105	1.087
29	94	1.119
30	78	1.135
31	81	1.159
32	81	1.183
33	92	1.198
34	79	1.214
35	64	1.222
36	82	1.230
37	71	1.238
38	68	1.246
39	66	1.262
40	70	1.278
41	65	1.302
42	74	1.325
43	103	1.357

<b>April 2014 Exchange Membership Snapshot by Age</b>		
<b>Age</b>	<b>Members</b>	<b>HHS Age Factor</b>
44	88	1.397
45	95	1.444
46	101	1.500
47	104	1.563
48	85	1.635
49	111	1.706
50	118	1.786
51	117	1.865
52	131	1.952
53	119	2.040
54	99	2.135
55	120	2.230
56	141	2.333
57	106	2.437
58	127	2.548
59	107	2.603
60	108	2.714
61	106	2.810
62	115	2.873
63	123	2.952
64	124	3.000
65	14	3.000
66	5	3.000
67	3	3.000
68	1	3.000
69	2	3.000
70	4	3.000
71	3	3.000
72	0	3.000
73	2	3.000
74	0	3.000
75	1	3.000
76	1	3.000
77	0	3.000
78	0	3.000
79	0	3.000
80	0	3.000
81	1	3.000
82	0	3.000
83	1	3.000
84	0	3.000
85	0	3.000
86	0	3.000
87	0	3.000
88	0	3.000
89	1	3.000
90	0	3.000
91	0	3.000
92	0	3.000
93	0	3.000
<b>Total</b>	<b>4,798</b>	<b>1.61</b>

2014 & 2015 Projected IP Unit Cost Trend, 2015 Exchange Filing

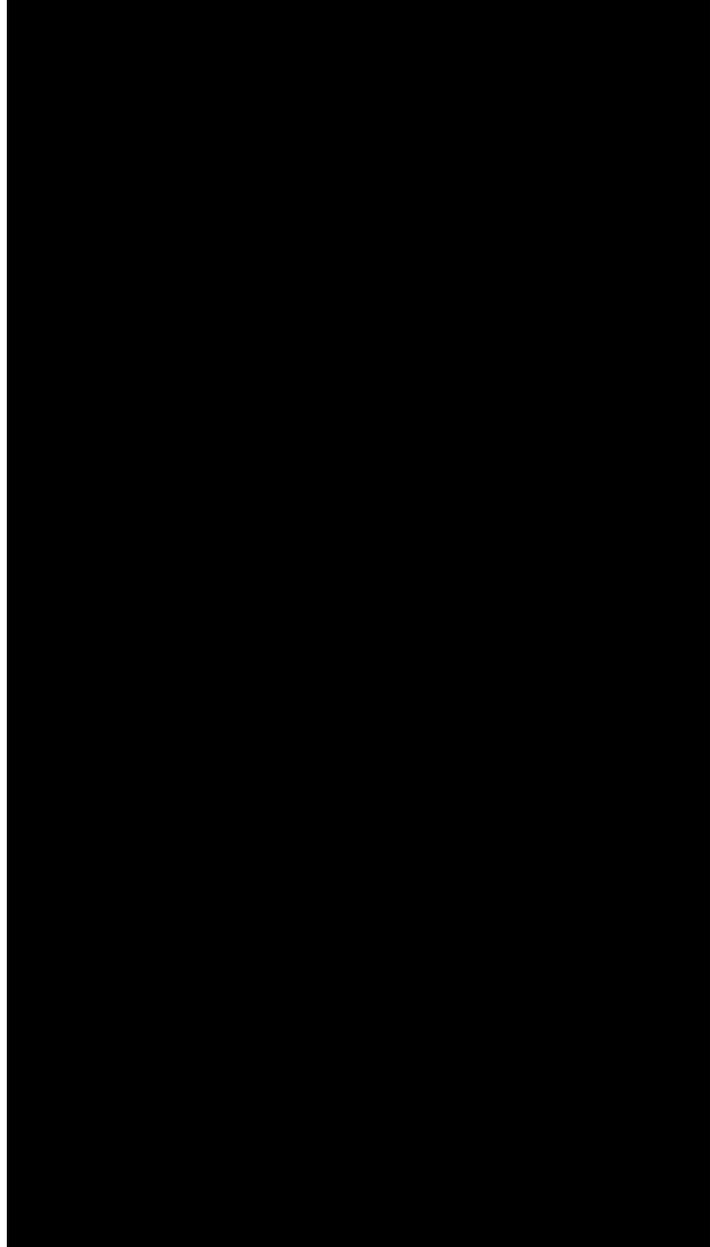
Hospital State	Name	Unit Cost Trend Change Between Filings?	% of IP Utilization	2014 Unit Cost Increase	2015 Unit Cost Increase
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IP Unit Cost Trend 6.0% 6.0%

2014 Projected IP Unit Cost Trend, 3Q/4Q 2014 SG Filing

Hospital State	Name	% of IP Utilization	2014 Unit Cost Increase
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IP Unit Cost Trend 5.4%

<b>Medical Claims Summarized Over the Past 36 Months</b>
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<b>DOS</b>	<b>Fee-for-Service Medical</b>			
<b>YYYYMM</b>	<b>Claim Expense * IBNR</b>	<b>Members</b>	<b>PMPM</b>	<b>R12 Trend</b>
201101	\$3,553,092	19,543	\$181.81	
201102	\$3,989,459	19,584	\$203.71	
201103	\$4,639,869	19,546	\$237.38	
201104	\$4,706,138	19,562	\$240.58	
201105	\$4,474,157	19,346	\$231.27	
201106	\$4,643,670	19,224	\$241.56	
201107	\$4,781,211	19,222	\$248.74	
201108	\$4,911,039	19,209	\$255.66	
201109	\$4,693,079	19,094	\$245.79	
201110	\$5,153,602	19,089	\$269.98	
201111	\$5,377,258	19,038	\$282.45	
201112	\$5,007,418	18,891	\$265.07	
201201	\$4,458,852	18,373	\$242.69	
201202	\$4,279,979	18,270	\$234.26	
201203	\$4,591,103	18,036	\$254.55	
201204	\$4,576,413	17,962	\$254.78	
201205	\$4,228,997	17,871	\$236.64	
201206	\$3,933,831	17,832	\$220.61	
201207	\$3,971,631	17,800	\$223.13	
201208	\$4,638,516	17,754	\$261.27	
201209	\$3,863,694	17,702	\$218.26	
201210	\$5,731,644	17,704	\$323.75	
201211	\$4,945,086	17,682	\$279.67	
201212	\$4,731,654	17,546	\$269.67	4.0%
201301	\$4,818,981	17,483	\$275.64	3.0%
201302	\$4,348,400	17,353	\$250.58	2.4%
201303	\$4,603,279	17,292	\$266.21	2.2%
201304	\$4,592,351	17,272	\$265.88	2.1%
201305	\$5,303,527	17,180	\$308.70	4.2%
201306	\$4,828,180	17,197	\$280.76	6.9%
201307	\$4,341,200	17,105	\$253.80	8.8%
201308	\$4,993,812	17,043	\$293.01	9.7%
201309	\$4,953,028	16,912	\$292.87	13.2%
201310	\$5,682,489	16,806	\$338.12	11.7%
201311	\$5,004,960	16,675	\$300.15	12.6%
201312	\$4,989,466	16,644	\$299.78	13.4%

<b>Rx Claims Summarized Over the Past 36 Months</b>
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<b>DOS YYYYMM</b>	<b>Rx Claim Expense</b>	<b>Members with Rx Coverage</b>	<b>Total Members</b>	<b>PMPM (Total Members)</b>	<b>R12 Trend</b>
201101	\$483,844	18,904	19,543	\$24.76	
201102	\$454,651	18,988	19,584	\$23.22	
201103	\$561,670	18,963	19,546	\$28.74	
201104	\$577,176	18,968	19,562	\$29.50	
201105	\$585,953	18,761	19,346	\$30.29	
201106	\$615,356	18,646	19,224	\$32.01	
201107	\$600,638	18,656	19,222	\$31.25	
201108	\$680,907	18,657	19,209	\$35.45	
201109	\$621,204	18,560	19,094	\$32.53	
201110	\$620,889	18,555	19,089	\$32.53	
201111	\$660,831	18,515	19,038	\$34.71	
201112	\$645,963	18,405	18,891	\$34.19	
201201	\$470,725	17,930	18,373	\$25.62	
201202	\$488,286	17,837	18,270	\$26.73	
201203	\$616,586	17,639	18,036	\$34.19	
201204	\$594,101	17,599	17,962	\$33.08	
201205	\$587,020	17,503	17,871	\$32.85	
201206	\$564,556	17,470	17,832	\$31.66	
201207	\$539,307	17,444	17,800	\$30.30	
201208	\$601,535	17,404	17,754	\$33.88	
201209	\$562,814	17,358	17,702	\$31.79	
201210	\$625,971	17,363	17,704	\$35.36	
201211	\$580,414	17,343	17,682	\$32.83	
201212	\$633,852	17,195	17,546	\$36.13	4.1%
201301	\$435,467	17,161	17,483	\$24.91	3.7%
201302	\$397,584	17,035	17,353	\$22.91	1.7%
201303	\$517,538	16,990	17,292	\$29.93	-0.9%
201304	\$551,007	16,973	17,272	\$31.90	-2.1%
201305	\$517,747	16,883	17,180	\$30.14	-3.5%
201306	\$499,717	16,904	17,197	\$29.06	-4.1%
201307	\$542,503	16,814	17,105	\$31.72	-3.5%
201308	\$609,433	16,757	17,043	\$35.76	-2.6%
201309	\$548,662	16,634	16,912	\$32.44	-2.2%
201310	\$594,008	16,532	16,806	\$35.34	-3.0%
201311	\$516,672	16,406	16,675	\$30.98	-3.0%
201312	\$612,431	16,385	16,644	\$36.80	-3.3%

**Summary of Experience Period Claims and Premium by Product Type**

<b>Product Type</b>	<b>Incurred Claims</b>	<b>Earned Premium</b>	<b>Membership</b>
EPO/PPO	\$21,814,845	\$20,888,858	38,239
HDHP	\$39,395,047	\$48,850,911	139,230
HMO/POS	\$920,290	\$824,940	1,195
Individual Indemnity	\$4,200,428	\$5,623,396	26,298
<b>Total</b>	<b>\$66,330,611</b>	<b>\$76,188,105</b>	<b>204,962</b>

<b>Historical Rx Rebates for Vermont Small Group and Individual Merged Market</b>			
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	<b>CY 2011</b>	<b>CY 2012</b>	<b>CY 2013</b>
Member Months with Rx Coverage	224,578	210,085	201,474
A) Rx Rebates PMPM	(\$4.13)	(\$4.33)	(\$4.35)
B) Rx Claims Expense PMPM	\$31.66	\$32.68	\$31.48
C) Rx Rebates as a % of Rx Claims Expense = A) / B)	<b>-13.1%</b>	<b>-13.3%</b>	<b>-13.8%</b>

<b>Support for Projected Rebates Used for Rating</b>	
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A) Rx Rebates as a % of Rx Claim Expense (Experience Period)	-13.8%
B) Impact of Contract Changes on Rx Rebate Projection	0.867
C) Rx Rebates as a % of Rx Claim Expense for Projection Period = A) * B)	-12.0%
D) Rx Claim Expense Projection	\$37.40
E) Rx Rebate Projection Used in Rate Development	<b>(\$4.48)</b>

**Derivation of Transitional Reinsurance Recovery Adjustment Factor and Supporting Information**

**2014 Exchange Membership Snapshot**

Small Group	1,857
Individual	2,941
<hr/>	
% Individual Enrollment	61.3%
<b>Average % of FFS Claims in Reinsurance Threshold</b>	
2011	6.7%
2012	7.1%
2013	9.1%
<hr/>	
Average Reins Recoveries 2011 - 2013	7.6%
Individual Membership	61.3%
Merged Market Adjustment for Temp Reins Pool	<b>-4.7%</b>

**Worksheet 1 of URRT Reinsurance Calculation**

Projected Incurred Claims, Index Rate	\$352.16
* Merged Market Adjustment for Fed Reins.	-4.7%
<hr/>	
Projected Reinsurance Recoveries	(\$16.51)
ACA Reinsurance Fee	\$3.67
<hr/>	
Net Projected ACA Reinsurance Recoveries	(\$12.84)

<b>Development of Pooling Charge Assumption</b>
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Rolling 12 End Date	FFS Medical Claim		
	FFS Medical Claim Expense, PMPM	Expense, Excess of \$100K PMPM	Claims > \$100K / Claims < \$100K
201112	\$254.66	\$22.53	9.7%
201201	\$260.25	\$24.70	10.5%
201202	\$262.92	\$23.90	10.0%
201203	\$263.77	\$24.13	10.1%
201204	\$265.93	\$25.12	10.4%
201205	\$266.78	\$26.20	10.9%
201206	\$265.34	\$25.67	10.7%
201207	\$263.60	\$24.68	10.3%
201208	\$264.35	\$24.31	10.1%
201209	\$261.87	\$23.79	10.0%
201210	\$267.44	\$26.72	11.1%
201211	\$268.54	\$26.34	10.9%
201212	\$268.41	\$26.27	10.9%
<b>Average Pooling Charge</b>			<b>10.4%</b>

<b>Summary of Capitations and Non-FRDM Claim Expenses</b>
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Other Medical Expense Not in Warehouse	\$1.33
Healthways	\$1.61
Net Reinsurance Expense	\$0.21
Medical Home and PCP Incentive	\$3.63
<hr/>	
Capitations and Non-FRDM Claim Expenses	<b>\$6.78</b>

<b>Induced Utilization Support</b>
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*Induced Utilization from HHS Notice of Benefits and Payments*

Platinum	1.15
Gold	1.08
Silver	1.03
Bronze	1.00

Metal Level	Pricing Value (MVP Model Plan AV * Induced Utilization)				Induced Utilization Used for Pricing
	Plan AV	Plan AV Change from Bronze	Pricing Value Change from Bronze	Induced Utilization	
Platinum	0.900	1.500	1.727	1.15	
Gold	0.800	1.333	1.444	1.08	
Silver	0.700	1.167	1.202	1.03	
Bronze	0.600	1.000	1.000	1.00	

<b>Retention Loads, Taxes/Assessments, and Paid Claim Surcharges - 2014 vs 2015</b>
---

<b>% of Premium Retention Components</b>
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	<b>2015</b>	<b>2014</b>
General Administrative Load	9.50%	9.50%
Broker Load	0.00%	0.00%
Bad Debt	0.25%	0.25%
Contribution to Reserves	1.50%	0.50%
<b>Total % of Premium Retention Components</b>	<b>11.25%</b>	<b>10.25%</b>

<b>PMPM Retention Components</b>
----------------------------------

	<b>2015</b>	<b>2014</b>
National Network Fee	\$1.50	\$0.00
<b>Total % of Premium Retention Components</b>	<b>\$1.50</b>	<b>\$0.00</b>

<b>% of Premium Taxes and Assessments</b>
---

	<b>2015</b>	<b>2014</b>
Premium Tax	0.00%	0.00%
VT Vaccine Pilot	0.60%	0.44%
ACA Insurer Tax	2.00%	2.00%
<b>Total % of Premium Taxes/Assessments</b>	<b>2.60%</b>	<b>2.44%</b>

<b>% of Paid Claim Taxes and Assessments</b>
--

	<b>2015</b>	<b>2014</b>
Vermont Paid Claim Surcharge	0.999%	0.999%
New York State HCRA Surcharge	0.250%	0.250%
<b>Total % of Paid Claim Taxes/Assessments</b>	<b>1.249%</b>	<b>1.249%</b>

<b>PMPM Taxes and Assessments</b>
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	<b>2015</b>	<b>2014</b>
HHS Risk Adjustment User Fee	\$0.08	\$0.08
Fed Reinsurance Assessment	\$3.67	\$5.25
Comparative Eff Research Tax	\$0.17	\$0.17
<b>Total PMPM Taxes/Assessments</b>	<b>\$3.92</b>	<b>\$5.50</b>



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June 17, 2014

Ms. Rita Tansen A.S.A., M.A.A.A  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: MVP 2015 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-129560321

Dear Ms. Tansen:

This letter is in response to your correspondence received 06/10/14 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

Q1. As discussed in our email correspondence, the 15.4% average rate increase is a member weighted average versus the 14.2% is a gross PMPM premium weighted average. The drivers of the increase are the same.

Q2. Attached is the completed "Rate Increase Exhibit" you provided. The average rate increase in this exhibit is a per contract weighted average increase and therefore it is not equal to either the 15.4% or the 14.2% mentioned above.

Q3. Please see the attached excel file.

Q4. Please see the attached excel file.

Q5. We have not attempted to make any projections of membership changes for 2015. Our current distribution of 2014 membership by age and product was used. The 2.8% change in the HHS age factor illustrated in the HHS Age Summary Table and current Exchange membership summary snapshot is comparing the average age factor for the 2013 experience period membership vs. the actual Exchange membership as of April 2014.

Q6. The projected enrollment eligible for CSR subsidies at each subsidy level assumes the same distribution enrolled as of April 2014.

Q7. Please see the attached excel file for quantitative support. [REDACTED]

[REDACTED] The 5.4% trend used in the 3Q/4Q filings was determined using 2012 allowed claim data by facility while this filing is using 2013 allowed claim data by facility to determine the weights.

Q8. Please see the attached excel file.

Q9. Please see the attached excel file. The PMPMs shown in the attached file include members that did not have Rx coverage in the last 36 months. The data was presented in this fashion so the Medical + Rx PMPMs would be consistent with the Actuarial Memo Dataset file.

Q10. Pharmacy trends are higher in this rate filing as we received an updated forecast from the industry experts, our pharmacy vendor. It was explained to MVP that the period of more favorable pharmacy trends has ended as the "generic cliff" from highly utilized brand drugs like Lipitor rolling off patent has also ended. When these drugs were coming off patent, Rx manufacturers had lower trends on brand drugs to remain as competitive as possible with the



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generic equivalents. As the generic cliff has ended, cost trends for brand drugs are reverting back to more historical levels. The trend forecasts provided to MVP from our pharmacy vendor did not account for MVP's Vermont specific book of business, but this is only because the partnership is brand new. Going forward, they will be able to provide more robust customized trend projections for us when they have our actual claim utilization.

It was confirmed with our pharmacy vendor that drug patent expirations in 2014 and expected in 2015 were taken into consideration when establishing the forecasted trends. MVP did not perform a regression analysis on its historical Rx data. After discussions with our Rx vendor, it was determined that using historical data to set future trend rates would not be a sound assumption due to the reasons discussed above.

Q11. Please see the attached excel file.

Q12. MVP's provider contracts and networks within MVP's footprint (NY, VT, & NH) are the same for MVP HMO products and MVP EPO/PPO products. For MVP's EPO and PPO products there is an expanded national network available to members using CIGNA providers. MVP partners with CIGNA to share networks in our non-competing service areas. CIGNA's discounts off of billed charges are comparable to MVP's discounts so no adjustment is required for network differences.

Q13. MVP no longer offers the Catamount product and as of January 2013 no members were enrolled.

Agriservices was included in the rating pool for 2014 because at the time of rating, MVP was instructed to include all association business in the development of Exchange rates. After the rate filing was submitted, MVP learned that grandfathered associations would not yet be required to join the Exchange. Because Agriservices is a grandfathered group, their data was excluded from the 2015 rating pool. There are no other differences between the rating pools used in 2014 and 2015.

Q14. The projected paid index rate is shown on Exhibit 3 of the rate filing and equals \$352.16. The projected allowed index rate is shown on Worksheet 1 of the URRT and equals \$475.35. The paid-to-allowed ratio shown on Worksheet 1 of the URRT was determined by dividing these two values and equals 0.741.

Q15. Please see the attached excel file for a historical summary of Rx rebates. MVP applied an adjustment factor to its experience period Rx rebates to reflect contract changes which would result in a reduction to the guaranteed rebates received for each brand script filled in 2015. This factor is equal to 0.867.

Q16. Please see the attached excel file for quantitative support of the transitional reinsurance recovery assumption used to develop premium rates. The data used to develop MVP's temporary reinsurance recovery assumption included all members eligible to enroll in Exchange products. This approach was chosen because MVP did not offer individual products similar to what was being offered on the Exchange, and MVP did not have credible membership enrolled in individual products.

Q17. Please see the attached excel file. Note that Individual Indemnity claims were not included in this calculation as the products being offered are not comparable to the products offered on the Exchange. Had MVP included Individual Indemnity claims in the calculation, the pooling charge would have changed from 10.4% to 10.3%.

Q18. Please see the attached excel file.

Q19. MVP used a 'coinsurance equivalent' calculator that computes the 'effective coinsurance' for a given copay amount based on an assumed average annual cost per service assumption derived by the New York Insurance Department and used in all of our benefit plans with surgery copays. The New York Standard Plans utilized copays for surgery and therefore the Department computed coinsurance equivalents. To be consistent with the Standard



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Plans in New York, MVP utilized the same methodology and carried that forward to VT this year when copays were introduced in the benefit plans. It is important to note that this is just a Federal AVC assumption and that in determining actual pricing AV's for each plan, we used our own benefit pricing models which accommodate copay inputs for all services.

Q20. The AV screenshot and the policy form are aligned. The \$5,300 OOP limit is the correct limit and was the assumption used in our benefit pricing model. The \$5,350 OOP limit shown in Exhibit 1 was in error and will be corrected in MVP's final submission.

Q21. MVP's non-standard products have a prescription drug feature that provides lower copay amounts for drugs on a specific list, the "VBID" list. For the non-standard bronze plan, the copay for the VBID drug list is \$3 vs. \$20 copay for other generic drugs. This lower copay is noted on Exhibit 1. Approximately 23.5% of generic drugs were on the VBID list in the experience period resulting in an average copay of \$16.00.

Q22. The non-standard bronze plan does have an integrated OOP limit equal to \$6,600, but due to the Vermont Rx OOP regulation in Bill H559, there is effectively a secondary OOP limit under the plan limit specific to the Rx spend. The Federal AVC can't accommodate this benefit requirement and therefore an adjustment was made.

Q23. MVP's benefit pricing tool determines the paid-to-allowed ratio of any plan design input from a static starting allowed amount. Because the same average allowed PMPM is used to value the expected paid-to-allowed ratio for each plan, there is no induced utilization assumed.

Q24. Yes, the "Pricing AVs" reflect the expected paid-to-allowed ratio for each plan assuming the same starting allowed amount. There were no other considerations in computing the pricing AV for each plan. All of the products reflect the same network and EHB package, and the induced utilization differences between the in-force block and each Exchange plan were reflected in the column labeled "induced utilization factor". This induced utilization factor is the ratio of the Exchange plan induced utilization factor divided by the in-force induced utilization factor therefore adjusting for the plan richness of each plan relative to the in-force average.

We recognize that the URRT instructions indicate that the Pricing Values should include an adjustment for induced utilization. MVP will make this correction to the Pricing Values and re-submit the URRT if instructed to do so. Note that this modification will not have any bearing on the proposed premium rates or any other information provided in the URRT.

Please see the attached excel file for a quantitative example demonstrating that MVP's induced utilization factors tie out to the induced utilization factors in the HHS Notice of Benefits and Payments.

Q25. MVP anticipates a negative profit margin equal to (5.5%) for the approved 2014 Exchange rates. 2.5% of this anticipated loss is due to rate cuts by the Green Mountain Care Board while the other 3% is attributable to an unfavorable physician contract being signed after rates were submitted and a change in the mix of children vs. adults.

Q26. Please see the attached excel file.



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If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

A handwritten signature in black ink that reads "Matthew Lombardo".

Matthew Lombardo, FSA, MAAA  
Actuarial Manager, Commercial Pricing  
MVP Health Care



**MEMO**

June 27, 2013

One Pennsylvania Plaza,  
38<sup>th</sup> Floor  
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**Tel** +1 646 473.3000  
**Fax** +1 646 473.3199  
[www.milliman.com](http://www.milliman.com)

To Kathleen Fish, Matt Lombardo (MVP)  
From Howard Kahn (Milliman)  
Subject Vermont Pediatric Dental Pricing

---

As requested, we have estimated the incremental cost of adding pediatric dental in the individual and small group plans MVP Health Care (MVP) intends to offer in Vermont during 2014.

**Results**

Below are our estimates for the incremental 2014 allowed and paid Per Member Per Month (PMPM) costs for embedding pediatric dental into each plan MVP will be offering in Vermont.

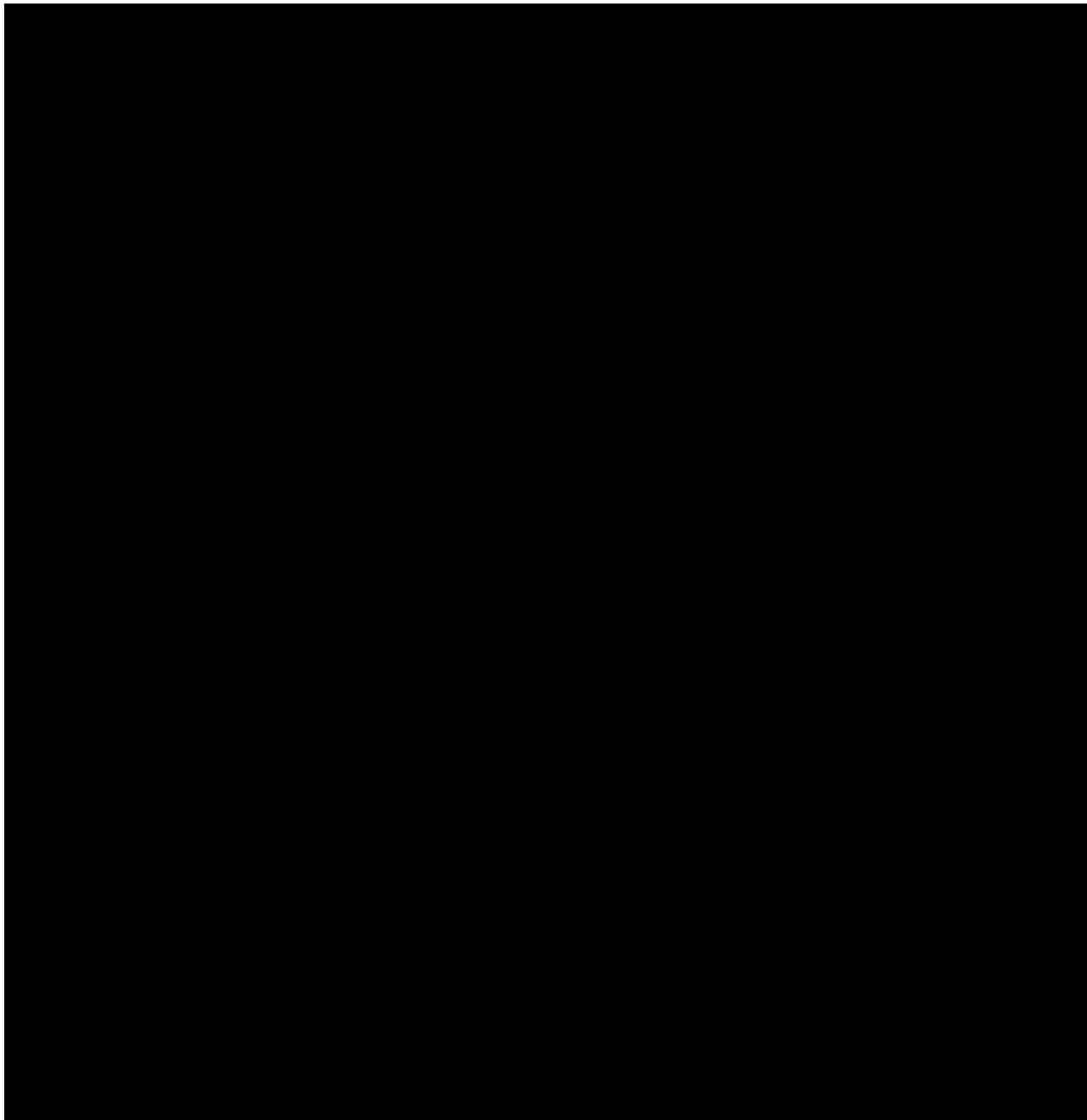
MVP Health Plan - Vermont Pediatric Dental Costs - Individual			
Plan Description	Form Number	Estimated 2014 Allowed Cost PMPM	Estimated 2014 Net Claims Cost PMPM

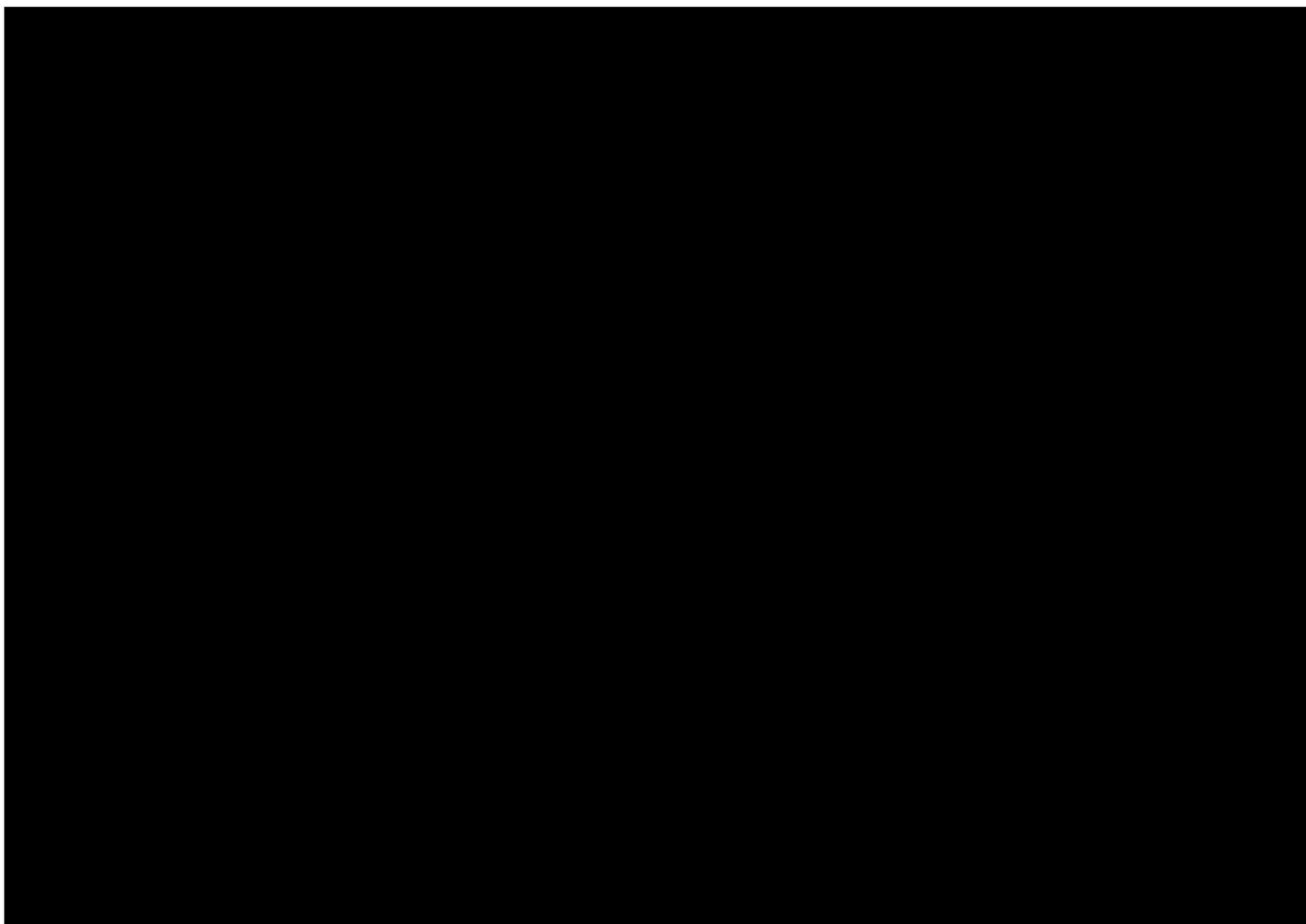


MVP Health Plan - Vermont Pediatric Dental Costs - Small Group			
Plan Description	Form Number	Estimated 2014 Allowed Cost PMPM	Estimated 2014 Net Claims Cost PMPM

[Redacted]			
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[Redacted]			
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*Howard B Kahn*

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Howard Kahn, FSA, MAAA

Consulting Actuary

June 27, 2013

<b>Rx Claims Summarized Over the Past 36 Months</b>
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<b>DOS YYYYMM</b>	<b>Rx Claim Expense</b>	<b>Members with Rx Coverage</b>	<b>PMPM (Members with Rx Coverage)</b>	<b>R12 Trend</b>
201101	\$483,844	18,904	\$25.59	
201102	\$454,651	18,988	\$23.94	
201103	\$561,670	18,963	\$29.62	
201104	\$577,176	18,968	\$30.43	
201105	\$585,953	18,761	\$31.23	
201106	\$615,356	18,646	\$33.00	
201107	\$600,638	18,656	\$32.20	
201108	\$680,907	18,657	\$36.50	
201109	\$621,204	18,560	\$33.47	
201110	\$620,889	18,555	\$33.46	
201111	\$660,831	18,515	\$35.69	
201112	\$645,963	18,405	\$35.10	
201201	\$470,725	17,930	\$26.25	
201202	\$488,286	17,837	\$27.37	
201203	\$616,586	17,639	\$34.96	
201204	\$594,101	17,599	\$33.76	
201205	\$587,020	17,503	\$33.54	
201206	\$564,556	17,470	\$32.32	
201207	\$539,307	17,444	\$30.92	
201208	\$601,535	17,404	\$34.56	
201209	\$562,814	17,358	\$32.42	
201210	\$625,971	17,363	\$36.05	
201211	\$580,414	17,343	\$33.47	
201212	\$633,852	17,195	\$36.86	3.2%
201301	\$435,467	17,161	\$25.38	2.8%
201302	\$397,584	17,035	\$23.34	0.8%
201303	\$517,538	16,990	\$30.46	-1.7%
201304	\$551,007	16,973	\$32.46	-2.9%
201305	\$517,747	16,883	\$30.67	-4.2%
201306	\$499,717	16,904	\$29.56	-4.7%
201307	\$542,503	16,814	\$32.26	-4.1%
201308	\$609,433	16,757	\$36.37	-3.1%
201309	\$548,662	16,634	\$32.98	-2.7%
201310	\$594,008	16,532	\$35.93	-3.4%
201311	\$516,672	16,406	\$31.49	-3.3%
201312	\$612,431	16,385	\$37.38	-3.7%

<b>Historical Rx Rebates for Vermont Small Group and Individual Merged Market</b>			
---	--	--	--

	<b>CY 2011</b>	<b>CY 2012</b>	<b>CY 2013</b>
Member Months with Rx Coverage	224,578	210,085	201,474
A) Rx Rebates PMPM	<b>(\$4.13)</b>	<b>(\$4.33)</b>	<b>(\$4.35)</b>
B) Rx Claims Expense PMPM	\$31.66	\$32.68	\$31.48
C) Rx Rebates as a % of Rx Claims Expense = A) / B)	<b>-13.1%</b>	<b>-13.3%</b>	<b>-13.8%</b>

<b>Revised Rx Rebate Assumption and Claim Projection</b>	
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A) Rx Rebates as a % of Rx Claim Expense (Experience Period)	-13.8%
B) Impact of Contract Changes on Rx Rebate Projection	1.000
C) Rx Rebates as a % of Rx Claim Expense for Projection Period = A) * B)	-13.8%
D) Rx Claim Expense Projection	\$37.40
E) Revised Rx Rebate Projection Used in Rate Development	<b>(\$5.17)</b>
F) Impact of Bill H559	\$2.28
G) Revised Net Rx Claim Expense Projection = D) + E) + F)	<b>\$34.51</b>



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June 27, 2014

Ms. Rita Tansen A.S.A., M.A.A.A  
 Lewis & Ellis, Inc.  
 P.O. Box 851857  
 Richardson, TX 75085

Re: MVP 2015 Vermont Exchange Rate Filing  
 SERFF Tracking #: MVPH-129560321

Dear Ms. Tansen:

This letter is in response to your correspondence received 06/25/14 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

Q1. The subscriber months and member months illustrated in Exhibit 4 and used to derive the single conversion factor (SCF) represent the 2013 experience period membership used to derive the 2015 gross required revenue PMPM. The SCF is computed using experience period membership by contract tier to ensure that the aggregate revenue collected based on per contract premium rates will be equivalent to the aggregate revenue collected on a gross PMPM basis. They are actuarially equivalent. If the mix of contracts by tier or the average contract size by tier changes between the 2013 experience period and 2014 actual enrollment, then a SCF computed using the 2014 actual enrollment would not produce revenue neutral premium rates.

If a member was not enrolled in a 4-tier product in 2013, they were mapped to the contract type it would be expected they enroll when presented with a 4-tier option. Please see how members were mapped below:

**2-Tier to 4-Tier Mapping**

Subscriber Count	Spouse Count	Child(ren) Count	2-Tier Contract	4-Tier Contract
1	0	0	Single	Single
1	1	0	Family	Double
1	0	1+	Family	Parent/Child(ren)
1	1	1+	Family	Family

**3-Tier to 4-Tier Mapping**

Subscriber Count	Spouse Count	Child(ren) Count	2-Tier Contract	4-Tier Contract
1	0	0	Single	Single
1	1	0	Double	Double
1	0	1	Double	Parent/Child(ren)
1	0	2+	Family	Parent/Child(ren)
1	1	1+	Family	Family



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Q2. MVP's benefit pricing model accounts for the impact of the aggregate family deductibles through factor adjustments to the deductible credits computed using member based claims distribution tables. The factor adjustments were computed from a pricing study using MVP's historical claims. Using member based allowed claim detail for a 12 month period, net paid expenses were computed under various deductible and coinsurance scenarios assuming both member based embedded deductibles and family based (per contract based) aggregate deductibles. The relative cost difference between the two projected costs was the source of the factor adjustments for each deductible/coinsurance combination.

Q3. a) The Rx PMPM calculation of MVP's 6/17/14 response to Question #9 includes all members, but the claims shown only reflect those members with Rx coverage. MVP's Rx PMPM was calculated using all members to be consistent with the calculation of total claim expense in the "Actuarial Memo Dataset" file. The calculation of Rx claim expense PMPM has been modified in the attached excel exhibit to reflect only members with Rx coverage.

b) MVP is changing Rx vendors as of 1/1/15. Once the new Rx vendor has a full year of data from MVP, we intend to utilize this information in conjunction with the Rx vendor's recommended trends to arrive at projected trend figures. It's worth noting that MVP's Rx vendor provided three sets of trend forecasts: a low set of trend factors, an average set of trend factors, and a high set of trend factors; MVP is using the low set of trend factors to project future Rx claim costs.

c) The Rx vendor has expertise in understanding future Rx utilization patterns, drug patent expirations, drugs expected to be approved by the FDA in the near future, and changes in average wholesale price which are not reflected in MVP's historical data. Because all of these changes are occurring, MVP's historical VT data and trends would not be a good predictor of future trends. We choose to use the information provided by the industry expert, the Rx vendor, to provide Rx trend forecasts.

Q4. MVP revisited the contract changes with its new Rx vendor, and it was recognized that the reduction in expected rebates was already reflected in the trends applied to Rx claim costs in rate development. Therefore, MVP was applying Rx rebate changes in its rate development twice. Please see the attached excel file which includes a revised Rx claim projection after modifying the Rx rebate assumption. MVP will reflect this revision in its final rate filing submitted to the Green Mountain Care Board for approval.

Q5. MVP files its VT Exchange plans on an HMO platform. In 2014, the network of providers available to members purchasing an Exchange product through MVP was limited to MVP's network. MVP has contracted with PHCS to provide an expanded network to members purchasing exchange products in VT. The access fee associated with this rental network is based on a percentage of the discount savings. We have estimated this to be approximately a \$1.50 PMPM.

Q6. The benefit relativity reflected in MVP's index rate development was 0.701. MVP's Silver Standard plan has a benefit relativity of 0.709. Because these benefit relativities are very similar, MVP chose to use the pediatric dental cost associated with the Silver Standard plan in its index rate development.

Please note that the value of the pediatric dental benefit used in the index rate development does not impact MVP's premium rate development. The pediatric dental PMPMS is removed from the "Adjusted Paid Amount" shown on Exhibit 3 which is used as the starting point to calculate premium rates.

Q7 & Q8. In support of the 2014 Exchange rate filing, MVP hired Milliman to provide estimated costs by plan for the pediatric dental benefit by plan. These are the PMPM costs illustrated in Exhibit 3a in the column labeled "2014 Net Claims Cost". The actuarial memorandum supporting these cost estimates was included as part of the 2014 Exchange rate filing and is attached to this response for your reference. Because these were estimates and the actual cost is yet to be determined, MVP decided they were reasonable baseline estimates for the 2015 rate filing as well and it would not be necessary to commission Milliman again to recast these.



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To estimate the impact of the benefit change for class I preventive services, MVP consulted with Milliman on their methodologies used and determined that we could derive the benefit factor adjustments using our own pricing model and claim distribution tables. The factor adjustments were derived by comparing the model projected cost of each benefit plan with the class I pediatric dental benefit subject to the deductible/coins versus the class I pediatric dental benefit covered in full.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

A handwritten signature in black ink that reads "Matthew Lombardo". The signature is fluid and cursive, written in a professional style.

Matthew Lombardo, FSA, MAAA  
Actuarial Manager, Commercial Pricing  
MVP Health Care

### Conversion Factor Development and Revenue Neutrality Example

#### Conversion Factor Development Using Experience Period Membership

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract	
				Size	Load Factor
4	Single	71,027	71,027	1.000	1.000
4	Double	16,135	32,270	2.000	2.000
4	Parent/Child(ren)	4,914	12,402	2.524	1.930
4	Family	22,450	89,263	3.976	2.810

**Conversion Factor Using Experience Pd Enrollment** 1.165

#### Conversion Factor Development Using Projected Membership (Apr-14 Current Snapshot)

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract	
				Size	Load Factor
4	Single	2,153	2,153	1.000	1.000
4	Double	572	1,144	2.000	2.000
4	Parent/Child(ren)	87	211	2.425	1.930
4	Family	322	1,290	4.006	2.810

**Conversion Factor Using Experience Pd Enrollment** 1.098

**2015 Paid Index Rate**      **\$352.16**

#### Revenue Neutrality - Single Conversion Factor Developed Using Experience Period Membership

	Tiered Rates	Subscriber Months	Member Months
Single	\$410.42	71,027	71,027
Double	\$820.84	16,135	32,270
Parent/Child(ren)	\$792.11	4,914	12,402
Family	\$1,153.28	22,450	89,263
<b>PMPM collected</b>	<b>\$352.16</b>	<b>114,526</b>	<b>204,962</b>

#### Revenue Discrepancy - Single Conversion Factor Developed Using Current Snapshot

	Tiered Rates	Subscriber Months	Member Months
Single	\$386.67	71,027	71,027
Double	\$773.33	16,135	32,270
Parent/Child(ren)	\$746.27	4,914	12,402
Family	\$1,086.53	22,450	89,263
<b>PMPM collected</b>	<b>\$331.77</b>	<b>114,526</b>	<b>204,962</b>

<b>Projected Individual Reinsurance Recoveries</b>
--

<b>2014 MVP Exchange Rate Filing</b>
--------------------------------------

Year	Trended Total FFS Claim Expense	80% of FFS Claim Expense in Indiv Reins Range	Reinsurance as a % of FFS Claims
2010	\$59,486,172	\$6,615,213	11.1%
2011	\$60,528,996	\$6,838,338	11.3%
2012	\$54,943,255	\$5,781,234	10.5%

<b>2015 MVP Exchange Rate Filing</b>
--------------------------------------

Year	Trended Total FFS Claim Expense	50% of FFS Claim Expense in Indiv Reins Range	Reinsurance as a % of FFS Claims
2011	\$63,291,049	\$4,259,969	6.7%
2012	\$59,268,229	\$4,193,668	7.1%
2013	\$61,130,206	\$5,588,016	9.1%

	2014 Rate Filing	2015 Rate Filing
Lower Attachment Point	\$60,000	\$45,000
Upper Attachment Point	\$250,000	\$250,000
% of Claims Reinsured between Attachment Points	80%	50%
a.) Average Reinsurance (as a % of FFS Claims)	11.0%	7.6%
b.) Projected % of Membership Enrolled in Individual Market	33.4%	61.3%
c.) Impact of Temporary Reinsurance Pool { 1 - [ a. ] * b. }	0.963	0.953



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July 9, 2014

Ms. Rita Tansen A.S.A., M.A.A.A  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: MVP 2015 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-129560321

Dear Ms. Tansen:

This letter is in response to your correspondence received 07/07/14 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

Q1 & Q4. *Conversion Factor Development*: Please see the attached excel file. If MVP uses its current enrollment contract mix to develop the single conversion factor, we will not get back to the projected claims PMPM.

*URRT Gross Premium vs Current Contract Mix Premium*: The gross revenue PMPM presented on Worksheet 1 of the URRT represents a projection of MVP's experience period claim data to the rating period. MVP's membership in the experience period is enrolled in products that are not offered on the Exchange, and the products offered in the experience period did not need to meet the metal level requirements of the ACA. The data presented in MVP's response to Question #2 of the first objection letter reflects an annualized revenue projection based on MVP's ACA enrollment as of April 2014. Additionally, MVP has seen a shift in enrollment by contract tier between the experience period and April 2014 which will impact the expected claims and revenue on a PMPM basis. Since the benefits, assumed enrollment by coplan, and enrollment by contract tier reflected in the two projections are not the same, the two projections will not tie out.

Q2. The basic steps of our model are as follows:

1. Derive the plan pay and the member pay for a plan ignoring plan deductibles and OOPs.
2. Compute the cost of claims under the deductible and over the OOP using member based claim distribution tables and the member based single deductible/OOP for the plan
3. Adjust for impact of family caps on the single benefit OR aggregate nature of family benefit (effect is to reduce the deductible credits that are computed. The adjustment is based on the pricing study done to compare plan cost for member based benefits vs. member based benefits with a family cap vs. aggregate family benefits.)
4. Adjust for impact of secondary Rx OOP max on qualified HDHPs.
5. Add back member cost share amounts assumed step #1 for the portions of the cost that are under the deductible and over the OOP.
6. Result final plan net paid amount.

Q3. The medical unit cost and utilization trends shown in URRT Section II of Worksheet 1 can be found in Exhibit 2a of the rate filing. Please note that the "Other" trend shown in the URRT reflects the impact of benefit modifications MVP had to make to meet the EHB requirements. The Rx unit cost and utilization trends shown in URRT Section II of Worksheet 1 can be found in the "Total" column on Exhibit 2b of the rate filing. Because this section of the URRT is based on allowed claims, MVP is not applying cost-share leveraging to the URRT trends. Also, this section of the URRT reflects SG VT HMO claims only and therefore a different distribution of claims by



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service category. For these reasons the trends shown in the URRT will not tie out to the trends shown in the rate filing.

Q5. The \$12.84 PMPM shown on Worksheet 1 of the URRT (cell V37) is net of the Federal Reinsurance Assessment of \$3.67 PMPM and is determined on a paid claim basis. The \$22.29 PMPM shown in the actuarial dataset includes the Federal Assessment and is on an allowed basis.

The formula to reconcile the two values is:  $[( \text{Projected ACA reinsurance recoveries} ) + ( \text{Federal Reinsurance Assessment PMPM} ) ] / [ \text{Paid to Allowed Average Factor in Projection Period (cell V33 of URRT)} ]$ .

Q6. Please see the attached excel file. Paid claims were trended from the incurred year to the rating period. Only members enrolled for all 12 months of a given year were included in the calculation, and the membership reflects the same rating pool criterion that was used to develop premium rates. Trended claims meeting the reinsurance attachment point were captured, coinsurance was applied, and these amounts were compared to the total projected incurred claim cost to arrive at an expected value of the Federal Temporary Reinsurance Pool as a percentage of total claims. A three year average was taken to mitigate annual high cost claim volatility.

Q7. Please see the excel response to Question #6. MVP received notice of the change in attachment point prior to the filing date of June 2<sup>nd</sup>, and the lower attachment point is reflected in MVP's proposed rates.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

A handwritten signature in black ink that reads "Matthew Lombardo".

Matthew Lombardo, FSA, MAAA  
Actuarial Manager, Commercial Pricing  
MVP Health Care

<b>Projected Individual Reinsurance Recoveries</b>
--

<b>2014 MVP Exchange Rate Filing, Pre-Federal Changes</b>
---

Year	Trended Total FFS Claim Expense	80% of FFS Claim Expense in Indiv Reins Range	Reinsurance as a % of FFS Claims
2010	\$59,486,172	\$6,615,213	11.1%
2011	\$60,528,996	\$6,838,338	11.3%
2012	\$54,943,255	\$5,781,234	10.5%

<b>2014 MVP Exchange Rate Filing, Post-Federal Changes</b>
--

Year	Trended Total FFS Claim Expense	80% of FFS Claim Expense in Indiv Reins Range	Reinsurance as a % of FFS Claims
2010	\$59,486,172	\$8,705,816	14.6%
2011	\$60,528,996	\$9,053,771	15.0%
2012	\$54,943,255	\$7,912,695	14.4%

	Pre Changes	Post Changes
Lower Attachment Point	\$60,000	\$45,000
Upper Attachment Point	\$250,000	\$250,000
% of Claims Reinsured between Attachment Points	80%	80%
Temporary Reinsurance Pool (as a % of FFS Claims)	11.0%	14.7%

**Experience Period Allowed Data (Calendar Year 2013) - Small Group AR42/AR44 & Individual AR42**

Member Months 204,962

<b>Benefit Category</b>	<b>Utilization Description</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>Allowed PMPM</b>
Inpatient Hospital	Days	208.2	\$4,358.46	\$75.61
Outpatient Hospital	Visits	2,157.1	\$899.28	\$161.65
Professional	Visits	5,105.6	\$265.76	\$113.07
Other Medical	Other	191.4	\$728.96	\$11.63
Capitation	Benefit Period	12,000.0	\$6.78	\$6.78
Prescription Drug	Prescriptions	9,728.5	\$57.38	\$46.52
			<b>Total</b>	<b>\$415.26</b>

**Trend and Adjustment Factors from Experience Period to Rating Period**

<b>Benefit Category</b>	<b>Pop'l risk Morbidity</b>	<b>Other</b>	<b>Cost</b>	<b>Util</b>
Inpatient Hospital	0.980	1.003	1.060	1.000
Outpatient Hospital	0.980	1.003	1.054	1.000
Professional	0.980	1.003	1.092	1.000
Other Medical	0.980	1.003	1.054	1.000
Capitation	0.980	1.000	1.000	1.000
Prescription Drug	0.980	1.021	1.040	1.026

**Projection Period Allowed Data - Small Group AR42/AR44 & Individual AR42**

Months of Trend 24

<b>Benefit Category</b>	<b>Utilization Description</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>Allowed PMPM</b>
Inpatient Hospital	Days	204.0	\$4,931.26	\$83.83
Outpatient Hospital	Visits	2,114.0	\$1,005.06	\$177.05
Professional	Visits	5,003.5	\$319.07	\$133.04
Other Medical	Other	187.6	\$814.71	\$12.73
Capitation	Benefit Period	11,760.0	\$6.78	\$6.64
Prescription Drug	Prescriptions	10,026.4	\$64.68	\$54.04
			<b>Projected Index Rate Prior to Pediatric Dental</b>	<b>\$467.35</b>
			<b>Pediatric Dental Cost PMPM</b>	<b>\$8.00</b>
			<b>Projected Index Rate</b>	<b>\$475.35</b>

Administrative Expense Summary - Data Taken from Supplemental Health Care Exhibit						
	Individual		Small Group (AR42 + AR44)		Small Group + Individual	
	Member Months	Admin PMPM	Member Months	Admin PMPM	Member Months	Admin PMPM
2011	33,683	\$75.47	209,126	\$34.17	242,809	\$39.90
2012	19,699	\$62.96	190,795	\$37.24	210,494	\$39.65
2013	26,391	\$38.96	178,794	\$46.56	205,185	\$45.58

Admin PMPM reflects the following lines from Part I of the SHCE: 6.6, 8.3, 10.1, and 10.4

**Historical Claims and Earned Premium****Individual/Small Group, 2011 to 2013****Individual**

<b>Year</b>	<b>Incurred Claims</b>	<b>Earned Premium</b>	<b>Projected Incurred Claims</b>
2011	\$8,505,975	\$9,807,405	\$8,081,400
2012	\$6,669,605	\$7,833,948	\$6,561,009
2013	\$4,200,428	\$5,623,396	\$4,779,943

**Small Group**

<b>Year</b>	<b>Incurred Claims</b>	<b>Earned Premium</b>	<b>Projected Incurred Claims</b>
2011	\$62,575,631	\$72,914,688	\$60,082,432
2012	\$59,896,453	\$69,713,114	\$58,385,430
2013	\$62,130,183	\$70,564,709	\$59,980,708

**Consumer Adjusted Premium Rate Development**

Index Rate for Projected Period PMPM	\$475.35
Risk Adjustment PMPM	\$0.00
Gross Reinsurance Contributions PMPM	(\$22.29)
Removing Pediatric Dental Allowed Cost	(\$8.00)
Exchange User Fees PMPM	\$0.00
Market Adjusted Index Rate PMPM	\$445.06
Adjusted Market Index Rate based on Paid Claim Pricing Methodology	\$28.12
Starting Allowed Amount for Pricing	\$471.18

Product	Vermont HMO Contract Ind/Grp									
Product ID	77566VT004									
Plan ID	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013
Metal Tier	Platinum	Gold Standard	Gold Non-Standard	Silver Standard Non-HDHP	Silver Standard HDHP	Silver Non-Standard	Bronze Standard Non-HDHP	Bronze Standard HDHP	Bronze Non-Standard	Catastrophic
Metal AV Value	0.880	0.795	0.780	0.712	0.692	0.681	0.615	0.606	0.599	0.604
Pricing AV Value	0.907	0.836	0.839	0.741	0.709	0.713	0.699	0.620	0.617	0.596
Projected Member Months	7512	1968	1008	7476	7020	5700	16704	4452	4548	2664
Market Adjusted Index Rate PMPM	\$471.18	\$471.18	\$471.18	\$471.18	\$471.18	\$471.18	\$471.18	\$471.18	\$471.18	\$471.18
<b>Plan Adjustments (in multiplicative format)</b>										
Actuarial value and cost-sharing design of the plan	1.016	0.899	0.904	0.758	0.712	0.718	0.593	0.606	0.602	0.579
Adding in Plan Specific Pediatric Dental Net Claim Cost	1.015	1.014	1.014	1.017	1.017	1.017	1.021	1.019	1.019	1.024
Provider network, delivery system characteristics and utilization management practices	1.003	1.003	1.003	1.004	1.004	1.004	1.005	1.005	1.005	1.010
Plan benefits in addition to EHB	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Expected impact of special eligibility categories (only for catastrophic plans)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.549
<b>Plan Adjustments (in % format)</b>										
Distribution and administration costs	15.6%	15.7%	15.7%	15.8%	15.9%	15.9%	16.0%	16.0%	16.0%	17.0%
Plan Adjusted Index Rate	\$577.30	\$511.31	\$514.16	\$432.92	\$407.24	\$410.75	\$341.39	\$348.23	\$346.29	\$186.40
Age Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Geography Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Aggregate Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Consumer Adjusted Premium Rate PMPM	\$577.30	\$511.31	\$514.16	\$432.92	\$407.24	\$410.75	\$341.39	\$348.23	\$346.29	\$186.40

<b>Allowed/Incurred Fee-for-Service Claims by Group Size and Age Band</b>
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Dates of Service January-December 2013, FFS Medical and Rx Claims

Age Band	Small Group Member Months	Small Group Incurred Claims PMPM	Small Group Allowed Claims PMPM	Individual Member Months	Individual Incurred Claims PMPM	Individual Allowed Claims PMPM
0-20	37,248	\$173.80	\$231.90	4,771	\$42.86	\$108.03
21-25	13,125	\$148.82	\$207.83	1,202	\$87.37	\$173.75
26-30	10,128	\$179.85	\$263.59	1,493	\$98.70	\$166.66
31-35	10,723	\$222.36	\$305.96	1,719	\$77.16	\$140.02
36-40	11,565	\$230.71	\$319.10	1,792	\$47.26	\$123.83
41-45	15,308	\$294.12	\$380.86	2,307	\$60.02	\$142.37
46-50	19,586	\$292.73	\$383.06	2,804	\$148.30	\$274.94
51-55	23,093	\$480.91	\$588.00	2,986	\$218.31	\$352.72
56-60	20,922	\$643.58	\$757.31	3,808	\$260.77	\$410.21
61-65	14,532	\$637.04	\$767.01	3,337	\$339.60	\$503.64
66+	2,434	\$638.79	\$803.50	79	\$197.35	\$351.90



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Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

July 10, 2014

Ms. Rita Tansen A.S.A., M.A.A.A  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: MVP 2015 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-129560321

Dear Ms. Tansen:

This letter is in response to your correspondence received 07/08/14 regarding the above mentioned rate filing. The verbal responses to your questions are provided below and any numerical examples are included in the attached excel workbook with tabs corresponding to each numbered question.

Q1. Please see the attached excel file. Based on MVP's assumptions reflected in the 2014 Exchange rate filing, the Federal Temporary Reinsurance Pool was expected to reduce MVP's paid claim liability in the individual market by 11.0%. After adjusting our assumptions for the lower reinsurance attachment point, the Federal Temporary Reinsurance Pool is expected to reduce paid claims in the individual market by 14.7%.

Q2. Please see the attached excel file. Experience period allowed claim data is provided in the excel file. Allowed claims includes claims from our fee for service (FFS) claim warehouse along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims was added to the experience period allowed claims. The IBNR factors were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates. Vermont specific data for the experience period was used to develop the factors, and they are consistent with the IBNR factors used in MVP's monthly financial statements.

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, Diagnosis Code, or HCPCS). Member encounter data is used to determine utilization for claims falling under the "Other" category.

The medical unit cost and utilization trends shown can be found in Exhibit 2a of the rate filing. Please note that the "Other" trend shown reflects the impact of benefit modifications MVP had to make to meet the EHB requirements; benefit changes from the experience period to the projection period are shown in Exhibit 3 of the rate filing. The Rx unit cost and utilization trends shown can be found in the "Total" column on Exhibit 2b of the rate filing.

Q3. Please see the attached excel file.

Q4. Please see the attached excel file.

Q5. For qualified high deductible plans, all pediatric dental services are subject to the deductible. For all other plans, type II - IV services are subject to the deductible. Because the benefits covered are subject to the plan deductible, the cost of the pediatric dental benefit varies by plan.

In support of the 2014 Exchange rate filing, MVP hired Milliman to provide estimated costs by plan for the pediatric dental benefit. These are the PMPM costs illustrated in Exhibit 3a in the column labeled "2014 Net Claims Cost".



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The actuarial memorandum supporting these cost estimates was included as part of the 2014 Exchange rate filing and was provided in MVP's June 27, 2014 objection letter response. Milliman utilized their Health Cost Guidelines to develop expected claims costs for each pediatric dental benefit. Milliman's methodology meets the ACA's single risk pool requirement and does not vary morbidity or health status based on the richness of a benefit being offered.

Q6. Please see the attached excel file.

- a) The \$12.84 PMPM shown on Worksheet 1 of the URRT (cell V37) is net of the Federal Reinsurance Assessment of \$3.67 PMPM and is determined on a paid claim basis. The \$22.29 PMPM shown in the actuarial dataset includes the Federal Assessment and is on an allowed basis.

The formula to reconcile the two values is: [ ( Projected ACA reinsurance recoveries ) + ( Federal Reinsurance Assessment PMPM ) ] / [ Paid to Allowed Average Factor in Projection Period (cell V33 of URRT) ] .

Q7. MVP's financial planning department has not completed its projections for the rating period. As a result, MVP cannot supply the requested information at this time.

Q8. Please see the attached excel file.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

A handwritten signature in black ink that reads "Matthew Lombardo".

Matthew Lombardo, FSA, MAAA  
Actuarial Manager, Commercial Pricing  
MVP Health Care



625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
 mvphhealthcare.com

July 15, 2014

Ms. Rita Tansen A.S.A., M.A.A.A  
 Lewis & Ellis, Inc.  
 P.O. Box 851857  
 Richardson, TX 75085

Re: MVP 2015 Vermont Exchange Rate Filing  
 SERFF Tracking #: MVPH-129560321

Dear Ms. Tansen:

This letter is in response to your correspondence received 07/14/14 regarding the above mentioned rate filing.

Q1. MVP reflected a 1.00 factor in the development of its index rate for projected demographic changes. Note that MVP built a morbidity improvement factor of 0.98 into the development of its paid index rate. This adjustment is consistent with the GMCB's decision and order from MVP's 2014 Exchange filing. MVP does not have sufficient Exchange data to support modifying this assumption, and as a result, has not removed it from this filing.

Q2. Please see the table below. The 2014 projected enrollment by age reflects MVP's April 2014 membership in Exchange products. The 2015 projected enrollment by age was determined by aging MVP's April 2014 membership one year.

**Enrollment by Age Band, Experience vs Actual vs Projection Period**

Age Band	2013 Experience Period Member Months	Actual Members, April 2014	2015 Projected Members
0-20	42,019	655	593
21-25	14,327	298	299
26-30	11,621	465	448
31-35	12,442	397	411
36-40	13,357	357	351
41-45	17,615	425	400
46-50	22,390	519	496
51-55	26,079	586	584
56-60	24,730	589	601
61-65	17,869	482	576
66+	2,513	25	39
<b>Average Age</b>	39.1	40.6	41.6

Q3. The single conversion factor is developed to ensure that the aggregate revenue collected on per contract premium rates will be equivalent to the aggregate revenue collected on a gross PMPM basis; there is not a claim component or premium component of the calculation. The index rate represents MVP's projected paid claim cost for the Vermont Exchange in 2015, and it assumes a 1.00 factor for demographic changes which includes changes in contract mix.



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[mvphealthcare.com](http://mvphealthcare.com)

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

A handwritten signature in black ink that reads "Matthew Lombardo".

Matthew Lombardo, FSA, MAAA  
Actuarial Manager, Commercial Pricing  
MVP Health Care

	NON-STANDARD PLANS				STANDARD PLANS								Catastrophic	Total Annual Premium
	GOLD	SILVER		BRONZE	PLATINUM	GOLD	SILVER		BRONZE					
		CSR	Non-CSR				CSR HDHP	Non-CSR Non-HDHP	Non-HDHP	HDHP		Non-HDHP		
<b>2015 Proposed Rates</b>														
Single Rate	\$576.02	\$460.09	\$460.09	\$387.82	\$646.77	\$572.84	\$456.19	\$484.95	\$456.19	\$484.95	\$390.03	\$382.35	\$208.66	
Couple Rate	\$1,152.04	\$920.18	\$920.18	\$775.64	\$1,293.54	\$1,145.68	\$912.38	\$969.90	\$912.38	\$969.90	\$780.06	\$764.70	\$417.32	
Adult and Child(ren) Rate	\$1,111.72	\$887.97	\$887.97	\$748.49	\$1,248.27	\$1,105.58	\$880.45	\$935.95	\$880.45	\$935.95	\$752.76	\$737.94	\$402.71	
Family Rate	\$1,618.62	\$1,292.85	\$1,292.85	\$1,089.77	\$1,817.42	\$1,609.68	\$1,281.89	\$1,362.71	\$1,281.89	\$1,362.71	\$1,095.98	\$1,074.40	\$586.33	\$23,721,324.96
<b>2014 Approved Rates</b>														
Single Rate	\$521.59	\$419.17	\$419.17	\$341.95	\$594.30	\$513.83	\$428.58	\$427.51	\$428.58	\$427.51	\$366.22	\$336.13	\$195.61	
Couple Rate	\$1,043.18	\$838.34	\$838.34	\$683.90	\$1,188.60	\$1,027.66	\$857.16	\$855.02	\$857.16	\$855.02	\$732.44	\$672.26	\$391.22	
Adult and Child(ren) Rate	\$1,006.67	\$809.00	\$809.00	\$659.96	\$1,147.00	\$991.69	\$827.16	\$825.09	\$827.16	\$825.09	\$706.80	\$648.73	\$377.53	
Family Rate	\$1,465.67	\$1,177.87	\$1,177.87	\$960.88	\$1,669.98	\$1,443.86	\$1,204.31	\$1,201.30	\$1,204.31	\$1,201.30	\$1,029.08	\$944.53	\$549.66	\$21,420,166.32
<b>2015 Proposed Rate Increases</b>														
Single Rate	10.4%	9.8%	9.8%	13.4%	8.8%	11.5%	6.4%	13.4%	6.4%	13.4%	6.5%	13.8%	6.7%	
Couple Rate	10.4%	9.8%	9.8%	13.4%	8.8%	11.5%	6.4%	13.4%	6.4%	13.4%	6.5%	13.8%	6.7%	
Adult and Child(ren) Rate	10.4%	9.8%	9.8%	13.4%	8.8%	11.5%	6.4%	13.4%	6.4%	13.4%	6.5%	13.8%	6.7%	
Family Rate	10.4%	9.8%	9.8%	13.4%	8.8%	11.5%	6.4%	13.4%	6.4%	13.4%	6.5%	13.7%	6.7%	10.7%
<b>Actual 2014 Contracts</b>														
Single Rate	38	113	132	157	196	59	181	149	52	122	145	714	95	
Couple Rate	10	27	40	56	86	22	27	34	21	33	34	180	2	
Adult and Child(ren) Rate	0	5	1	3	18	5	13	4	1	3	9	25	0	
Family Rate	7	18	4	24	53	13	51	42	2	7	33	68	0	
Total	55	163	177	240	353	99	272	229	76	165	221	987	97	
<b>Projected 2015 Contracts</b>														
Single Rate	38	113	132	157	196	59	181	149	52	122	145	714	95	
Couple Rate	10	27	40	56	86	22	27	34	21	33	34	180	2	
Adult and Child(ren) Rate	0	5	1	3	18	5	13	4	1	3	9	25	0	
Family Rate	7	18	4	24	53	13	51	42	2	7	33	68	0	
Total	55	163	177	240	353	99	272	229	76	165	221	987	97	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	<b>Unified Rate Review v2.0.2</b>																						
2																							
3	Company Legal Name:	<b>MVP Health Plan, Inc.</b>					State:	<b>VT</b>															
4	HIOS Issuer ID:	<b>77566</b>					Market:	<b>Combined</b>															
5	Effective Date of Rate Change(s):	<b>1/1/2015</b>																					
6																							
7																							
8	<b>Market Level Calculations (Same for all Plans)</b>																						
9																							
10																							
11	<b>Section I: Experience period data</b>																						
12	Experience Period:	1/1/2013		to	12/31/2013																		
13		<u>Experience Period</u>			<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>															
14	Premiums (net of MLR Rebate) in Experience Period:	\$870,440			\$728.40			100.00%															
15	Incurred Claims in Experience Period	\$984,468			823.82			113.10%															
16	Allowed Claims:	\$1,023,846			856.78			117.62%															
17	Index Rate of Experience Period				\$856.78																		
18	Experience Period Member Months	1,195																					
19																							
20	<b>Section II: Allowed Claims, PMPM basis</b>																						
21		Experience Period			Projection Period:		1/1/2015 to 12/31/2015		Mid-point to Mid-point, Experience to Projection:		24 months												
22		<u>on Actual Experience Allowed</u>			<u>Adj't. from Experience to Projection Period</u>		<u>Annualized Trend Factors</u>		<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>											
23	<b>Benefit Category</b>	<b>Utilization Description</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>PMPM</b>	<b>Pop'l risk Morbidity</b>	<b>Other</b>	<b>Cost</b>	<b>Util</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>PMPM</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>PMPM</b>								
24	Inpatient Hospital	Days	1,020.66	\$1,668.92	\$141.95	1.007	1.006	1.060	1.000	1,028.26	\$1,887.75	\$161.76	209.71	\$4,931.26	\$86.18								
25	Outpatient Hospital	Visits	3,799.69	965.91	305.85	1.007	1.006	1.054	1.000	3,827.96	1,079.24	344.28	2173.14	1,005.06	182.01								
26	Professional	Visits	8,084.45	343.90	231.69	1.007	1.006	1.092	1.000	8,144.60	412.77	280.16	5143.63	319.07	136.76								
27	Other Medical	Other	495.17	965.74	39.85	1.007	1.006	1.054	1.000	498.86	1,079.05	44.86	310.67	814.71	21.09								
28	Capitation	Benefit Period	12,000.00	80.42	80.42	1.007	1.000	1.000	1.000	12,089.28	80.42	81.02	12089.28	6.78	6.83								
29	Prescription Drug	Prescriptions	18,707.95	36.57	57.02	1.007	1.000	1.040	1.020	19,603.13	39.52	64.56	10193.97	64.68	54.95								
30	Total				\$856.78							\$976.63			\$487.82								
31																							
32	<b>Section III: Projected Experience:</b>	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										0.00%	100.00%	<u>After Credibility</u>	<u>Projected Period Totals</u>								
33		Paid to Allowed Average Factor in Projection Period												0.741		\$28,086,944							
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$361.50		\$20,813,629							
35		Projected Risk Adjustments PMPM												-0.08		(4,606)							
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$361.58		\$20,818,235							
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM												13.02		749,656							
38		Projected Incurred Claims												\$348.56		\$20,068,579							
39		Administrative Expense Load												10.12%	41.42	2,384,608							
40		Profit & Risk Load												1.00%	4.09	235,717							
41		Taxes & Fees												3.74%	15.33	882,615							
42		Single Risk Pool Gross Premium Avg. Rate, PMPM													\$409.40	\$23,571,520							
43		Index Rate for Projection Period												\$487.82									
44		% increase over Experience Period												-43.79%									
45		% Increase, annualized:												-25.03%									
46		Projected Member Months														57,576							
47																							
48																							
49	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																						
50																							

Product-Plan Data Collection

Company Legal Name:  
 HIOS Issuer ID:  
 Effective Date of Rate Change(s):

MVP Health Plan, Inc.  
 77566  
 1/1/2015

State: VT  
 Market: Combined

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Vermont HMO Contract Ind												Vermont HMO Contract Grp												Terminated Products: 2013 Experience
	77566VTD04												77566VTD05												
Product ID																									77566VTD02
Plan Name	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic	Terminating Products: 2013 Experience				
AV Metal Value	0.880	0.795	0.780	0.712	0.692	0.681	0.615	0.606	0.599	0.604	0.880	0.795	0.780	0.712	0.692	0.681	0.615	0.606	0.599	0.604	0.000				
AV Pricing Value	0.907	0.836	0.839	0.741	0.709	0.713	0.609	0.620	0.617	0.596	0.907	0.836	0.839	0.741	0.709	0.713	0.609	0.620	0.617	0.596	0.000				
Plan Type	FRVT-HMO-P-001-S	FRVT-HMO-G-001-S	FRVT-HMO-G-002-N	FRVT-HMO-S-001-S	FRVT-HMOH-S-001-S	FRVT-HMO-S-001-N	FRVT-HMO-B-001-S	FRVT-HMOH-B-001-S	FRVT-HMO-B-001-N	FRVT-HMO-C-001-S	FRVT-HMO-P-001-S	FRVT-HMO-G-001-S	FRVT-HMO-G-002-N	FRVT-HMO-S-001-S	FRVT-HMOH-S-001-S	FRVT-HMO-S-001-N	FRVT-HMO-B-001-S	FRVT-HMOH-B-001-S	FRVT-HMO-B-001-N	FRVT-HMO-C-001-S	77566VTD02001				
Plan ID (Standard Component ID):	77566VTD040001	77566VTD040002	77566VTD040004	77566VTD040005	77566VTD040006	77566VTD040007	77566VTD040009	77566VTD040010	77566VTD040011	77566VTD040013	77566VTD050001	77566VTD050002	77566VTD050004	77566VTD050005	77566VTD050006	77566VTD050007	77566VTD050009	77566VTD050010	77566VTD050011	77566VTD020001					
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No				
Historical Rate Increase - Calendar Year - 2	0.00%																				8.70%				
Historical Rate Increase - Calendar Year - 1	0.00%																				12.20%				
Historical Rate Increase - Calendar Year 0	0.00%																				0.00%				
Effective Date of Proposed Rates:	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015				
Rate Change % (over prior filing)	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	19.95%	12.24%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	19.95%	12.24%	19.60%	0.00%			
Cumulative Rate Change % (over 12 mos prior)	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	19.95%	12.24%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	19.95%	12.24%	19.60%	0.00%			
Prod'd Per Rate Change % (over Expir. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-10.00%			
Product Threshold Rate Increase %	17.63%																				15.46%				

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	77566VTD040001	77566VTD040002	77566VTD040004	77566VTD040005	77566VTD040006	77566VTD040007	77566VTD040009	77566VTD040010	77566VTD040011	77566VTD040013	77566VTD050001	77566VTD050002	77566VTD050004	77566VTD050005	77566VTD050006	77566VTD050007	77566VTD050009	77566VTD050010	77566VTD050011	77566VTD020001	
Inpatient	\$0.00	\$18.08	\$18.81	\$17.82	\$17.59	\$10.66	\$13.66	\$14.07	\$9.16	\$14.05	\$4.97	\$18.08	\$18.81	\$17.82	\$17.59	\$10.66	\$13.66	\$14.07	\$9.16	\$14.05	\$4.97	\$0.00
Outpatient	\$0.00	\$11.49	\$11.35	\$11.33	\$11.18	\$6.77	\$8.68	\$8.94	\$5.82	\$8.93	\$3.16	\$11.49	\$11.35	\$11.33	\$11.18	\$6.77	\$8.68	\$8.94	\$5.82	\$8.93	\$3.16	\$0.00
Professional	\$0.00	\$85.99	\$97.37	\$95.41	\$94.95	\$27.16	\$37.86	\$38.20	\$18.20	\$27.92	\$9.88	\$85.99	\$97.37	\$95.41	\$94.95	\$27.16	\$37.86	\$38.20	\$18.20	\$27.92	\$9.88	\$0.00
Prescription Drug	\$0.00	(\$2.43)	(\$2.53)	(\$2.40)	(\$2.37)	(\$1.43)	(\$1.80)	(\$1.80)	(\$1.23)	(\$1.80)	(\$0.67)	(\$2.43)	(\$2.53)	(\$2.40)	(\$2.37)	(\$1.43)	(\$1.80)	(\$1.80)	(\$1.23)	(\$1.80)	(\$0.67)	\$0.00
Other	\$0.00	(\$2.66)	(\$2.75)	(\$2.60)	(\$2.57)	(\$1.56)	(\$2.00)	(\$2.00)	(\$1.34)	(\$2.00)	(\$0.73)	(\$2.66)	(\$2.75)	(\$2.60)	(\$2.57)	(\$1.56)	(\$2.00)	(\$2.00)	(\$1.34)	(\$2.00)	(\$0.73)	\$0.00
Capitation	\$0.00	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.00
Administration	\$0.00	\$7.57	\$7.83	\$7.56	\$7.58	\$5.00	\$6.13	\$6.38	\$4.51	\$6.37	\$3.15	\$7.57	\$7.83	\$7.56	\$7.58	\$5.00	\$6.13	\$6.38	\$4.51	\$6.37	\$3.15	\$0.00
Taxes & Fees	\$0.00	\$1.52	\$1.54	\$1.41	\$1.29	\$0.32	\$0.73	\$0.72	\$0.05	\$0.72	(\$0.09)	\$1.52	\$1.54	\$1.41	\$1.29	\$0.32	\$0.73	\$0.72	\$0.05	\$0.72	(\$0.09)	\$0.00
Risk & Profit Charge	\$0.00	\$6.27	\$5.61	\$5.62	\$4.78	\$4.38	\$4.48	\$3.77	\$3.75	\$3.82	\$2.01	\$6.27	\$5.61	\$5.62	\$4.78	\$4.38	\$4.48	\$3.77	\$3.75	\$3.82	\$2.01	\$0.00
Total Rate Increase	\$0.00	\$75.83	\$77.99	\$74.19	\$72.49	\$45.37	\$57.05	\$57.95	\$38.97	\$57.92	\$21.12	\$75.83	\$77.99	\$74.19	\$72.49	\$45.37	\$57.05	\$57.95	\$38.97	\$57.92	\$21.12	\$0.00
Member Cost Share Increase	\$0.00	\$1.67	\$1.36	\$1.51	\$1.30	\$0.90	\$1.14	\$0.85	\$0.52	\$1.05	\$0.21	\$1.67	\$1.36	\$1.51	\$1.30	\$0.90	\$1.14	\$0.85	\$0.52	\$1.05	\$0.21	\$0.00
Average Current Rate PMPM	\$154.30	\$513.21	\$448.72	\$450.42	\$369.18	\$170.10	\$361.98	\$390.27	\$316.25	\$295.29	\$168.92	\$513.21	\$448.72	\$450.42	\$369.18	\$170.10	\$361.98	\$390.27	\$316.25	\$295.29	\$168.92	\$0.00
Projected Member Months	57,576	2,664	924	336	4,452	2,160	4,152	14,760	1,584	3,072	1,188	4,848	1,044	672	3,024	4,860	1,548	1,944	2,868	1,476	0	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	77566VTD040001	77566VTD040002	77566VTD040004	77566VTD040005	77566VTD040006	77566VTD040007	77566VTD040009	77566VTD040010	77566VTD040011	77566VTD040013	77566VTD050001	77566VTD050002	77566VTD050004	77566VTD050005	77566VTD050006	77566VTD050007	77566VTD050009	77566VTD050010	77566VTD050011	77566VTD020001		
Average Rate PMPM	\$728.40																					\$728.40	
Member Months	1,188																					1,188	
Total Premium (TP)	\$870,440	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$870,440	
EHB Percent of TP (see instructions)	0.00%																						0.00%
State mandated benefits portion of TP that are other than EHB	0.00%																						0.00%
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Total Allowed Claims (TAC)	\$1,023,846																						\$1,023,846
EHB Percent of TAC (see instructions)	100.00%																						100.00%
State mandated benefits portion of TAC that are other than EHB	0.00%																						0.00%
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Allowed Claims which are not the issuer's obligation (Portion of above payable by HHS's funds on behalf of insured person, in dollars)	\$39,278	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,278
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	0.00%																			
Total Incurred Claims, payable with issuer funds	\$984,268	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$984,268
Net Amt of Reim	\$0.00																						\$0.00
Net Amt of Risk Adj	\$0.00																						\$0.00
Incurred Claims PMPM	\$856.78	#DIV/0!	#DIV/0!	\$856.78																			
Allowed Claims PMPM	\$856.78	#DIV/0!	#DIV/0!	\$856.78																			
EHB portion of Allowed Claims, PMPM	\$856.78	#DIV/0!	#DIV/0!	\$856.78																			

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	77566VTD040001	77566VTD040002	77566VTD040004	77566VTD040005	77566VTD040006	77566VTD040007	77566VTD040009	77566VTD040010	77566VTD040011	77566VTD040013	77566VTD050001	77566VTD050002	77566VTD050004	77566VTD050005	77566VTD050006	77566VTD050007	77566VTD050009	77566VTD050010	77566VTD050011	77566VTD020001	
Plan Adjusted Index Rate	\$413.67	\$588.04	\$523.73	\$524.81	\$441.63	\$415.47	\$419.03	\$388.23	\$355.32	\$393.23	\$300.00	\$588.04	\$523.73	\$524.81	\$441.63	\$415.47	\$419.03	\$388.23	\$355.32	\$393.23	\$300.00	\$413.67
Member Months	57,576	2,664	924	336	4,452	2,160	4,152	14,760	1,584	3,072	1,188	4,848	1,044	672	3,024	4,860	1,548	1,944	2,868	1,476	0	0
Total Premium (TP)	\$23,817,669	\$1,569,203	\$482,060	\$176,269	\$1,966,315	\$897,415	\$1,739,813	\$5,139,727	\$562,668	\$1,085,061	\$225,768	\$2,855,666	\$544,663	\$352,538	\$1,335,610	\$2,019,184	\$648,658	\$676,940	\$1,018,771	\$521,338	\$0	\$0
EHB Percent of TP (see instructions)	100.00%	100.00%																				





625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
mvphhealthcare.com

September 10, 2014

Ms. Jacqueline Lee F.S.A., M.A.A.A  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: MVP 2015 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-129560321

Dear Ms. Lee:

This letter is in response to your correspondence received 09/09/14 regarding the above mentioned rate filing.

1) Several changes were made to the entries in the final URRT. Please provide a derivation of the changes and entries seen for the following inputs. When possible, please reference exhibits seen in "VT 2015 Exchange Rate Filing – SERFF v2 FINAL.xls."

- Other Projection Factor by benefit category

*Response: In the initial URRT submission, MVP inadvertently annualized the "Other" projection factor; please note this calculation did not have any bearing on our rate development as the URRT Experience Period data has 0% credibility and the Credibility Manual was computed accurately. For the most recent submission, this factor has been adjusted to reflect 24 months which is consistent with the formulas embedded in the URRT. This factor was accidentally carried into the capitation and Rx lines on Worksheet 1 of the URRT in the recent submission. The version of the URRT included with this response has been adjusted to reflect a 1.000 on the Rx and capitation lines as the "Other" projection factor has no impact on these service categories.*

*Please note that only the 0% credible projection of experience period claims is impacted by this adjustment on the revised URRT submission. The Credibility Manual was not impacted by this adjustment as the "Other" projection factor was held at 1.000 in MVP's working file.*

*The adjustment factor reflects the impact of benefit expansions from the experience period to the rating period to meet the ACA EHB requirement. The information below is taken from Exhibit 3 of "VT 2015 Exchange Rate Filing – SERFF v2 FINAL.xls".*

Trended Net Experience Period Claims Prior to Benefit Expansions	\$309.67
Disposable Supplies	\$0.11
Copay Adjustment for Mental Health/Substance Abuse	\$0.09
Pediatric Vision	\$1.08
Other Benefit Expansions	\$0.69
Trended Net Experience Period Claims After Benefit Expansions	\$311.64
Impact of Benefit Expansions	1.006

- Manual rates (Util/1,000 and Avg Cost per Service by benefit category). The changes do not appear to be consistent with the changes made in the projection factors.

*Response: As described in the response to the first bullet point above, the change to the "Other" projection factor has no impact on the Credibility Manual portion of URRT Worksheet 1. MVP did not make any changes to unit cost trend and as a result, the Credibility Manual average cost/service did not change between MVP's initial submission and the version submitted recently via SERFF. Changes to the average cost/service in the experience projection are due to modifying the "Other" projection factor.*



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 Schenectady, NY 12301-2207  
 mvphhealthcare.com

To be consistent with the GMCB Decision and Order, MVP modified the “Pop’l risk Morbidity” factor to include the 1.028 change in the demographic profile of MVP’s Exchange Enrollment ( $0.98 * 1.028 = 1.007$ ). Please note that the “Pop’l risk Morbidity” factor did not impact the portion of utilization attributable to pediatric dental in the “Other Medical” service category line of the Credibility Manual; this is consistent with the index rate development shown on Exhibit 3 of the rate filing. Since there were no pediatric dental claims in the experience period, MVP reflected the full impact of the demographic factor change in the experience period adjustment. Also note that MVP adjusted the Rx utilization trend downward by 0.6% to be consistent with the GMCB Decision and Order.

• Paid to Allowed Amount

Response: The paid to allowed ratio is unchanged to the thousandth decimal place in both URRT submissions. If the paid to allowed ratio was expanded one more decimal place, there is a slight variance between the two submissions due to reducing the Rx trend per the GMCB Decision and Order. This had an impact on the distribution of paid and allowed claims by service category. Since the paid to allowed ratio isn’t the same for Rx and medical, the overall paid to allowed ratio changed slightly.

• Risk Adjustment PMPM should be  $-\$0.08$  (negative number), since it is a payment.

Response: Please see the revised URRT included with this submission.

• Reinsurance Recoveries PMPM

Response: This value has been revised in the submission attached to this response to remove the pediatric dental PMPM from the calculation of projected reinsurance recoveries.

**Derivation of Temporary Reinsurance Pool (Exh 3 of Rate Filing)**

	Revised Rate Filing and URRT per GMCB Decision and Order
I) Paid Index Rate	\$361.50
II) Removing Pediatric Dental	(\$5.61)
III) Impact of Temp Reins Pool	0.953
Reins Recoveries PMPM	\$16.69
$= [ I ) + II ) ] * [ 1 - III ) ]$	
Reins Contribution PMPM	(\$3.67)
Reins Recoveries Net of Contribution	\$13.02

• Admin Load & Taxes/Fees %

Response: The taxes/fees component changed due to removing the  $\$0.08$  PMPM Risk Adjustment User Fee which was included in this line for the initial submission. In the revised URRT attached with this response, the admin % is consistent with the initially submitted value of 10.12%. It’s worth noting that the admin % in the previously submitted version only changed by 0.01%.

**Summary of Changes from Previous URRT Submission to Current Submission**

- “Other” projection factor updated to 1.000 for Capitation and Rx lines
- Projected Risk Adjustment changed from a positive value to a negative value
- Reinsurance recovery has been updated to remove the pediatric dental PMPM from projection
- These changes resulted in minor differences in the non-claim expense items



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Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

A handwritten signature in black ink that reads "Matthew Lombardo".

Matthew Lombardo, FSA, MAAA  
Actuarial Manager, Commercial Pricing  
MVP Health Care

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Filing Company:** MVP Health Plan, Inc.  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/17/2014		Supporting Document	Actuarial Memorandum	09/17/2014	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx
09/17/2014		Supporting Document	Unified Rate Review Template	09/17/2014	URRT VT 2015 - v2 FINAL.pdf (Superseded) URRT VT 2015 - v2 FINAL.xlsm (Superseded) UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml (Superseded)
09/17/2014		Supporting Document	Plan Management Rates Template	09/17/2014	Rate Data Template_VT_IND_ON_20140905.pdf Rate Data Template_VT_IND_ON_20140905.xml Rate Data Template_VT_SMAL_ON_20140905.pdf Rate Data Template_VT_SMAL_ON_20140905.xls Rate Data Template_VT_IND_ON_20140905.zip Rate Data Template_VT_SMAL_ON_20140905.xml
09/17/2014		Supporting Document	Rate Increase Exhibit	09/17/2014	Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx Rate Increase Exhibit v2 FINAL VALUES ONLY.pdf

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Project Name/Number:** /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/08/2014		Supporting Document	Rate Increase Exhibit	09/17/2014	Rate Increase Exhibit v2 FINAL VALUES ONLY.xlsx Rate Increase Exhibit v2 FINAL VALUES ONLY.pdf
09/05/2014		Supporting Document	Plan Management Rates Template	09/17/2014	Rate Data Template_VT_SMAL_ON_20140903.pdf (Superceded) Rate Data Template_VT_SMAL_ON_20140903.xml (Superceded) Rate Data Template_VT_IND_ON_20140903.xml (Superceded) Rate Data Template_VT_IND_ON_20140903.pdf (Superceded) Rate Data Template_VT_SMAL_ON_20140903.zip (Superceded) Rate Data Template_VT_IND_ON_20140903.zip (Superceded)
09/05/2014		Supporting Document	Unified Rate Review Template	09/17/2014	URRT VT 2015 - v2 FINAL.pdf URRT VT 2015 - v2 FINAL.xlsm UnifiedRateReviewSubmission_VT_Exchange_2015_2014090511338.xml
09/05/2014		Supporting Document	Actuarial Memorandum	09/17/2014	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.pdf VT 2015 Exchange Rate Filing - SERFF v2 FINAL.xlsx

SERFF Tracking #:

MVPH-129560321

State Tracking #:

Company Tracking #:

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT 2015 Exchange Filing Rates  
**Filing Company:** MVP Health Plan, Inc.  
**Project Name/Number:** /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/02/2014		Supporting Document	Plan Management Rates Template	09/05/2014	Rate Data Template_VT_SMAL_ON_20140528.xlsm (Superceded) Rate Data Template_VT_SMAL_ON_20140528.pdf (Superceded) Rate Data Template_VT_SMAL_ON_20140528.xml (Superceded)
05/23/2014		Supporting Document	Actuarial Memorandum	09/05/2014	Federal AVC Screenshots for All Plans.pdf MVP Vermont Essential Health Benefits.pdf VT 2015 Exchange Rate Filing - SERFF.pdf (Superceded) VT 2015 Exchange Rate Filing - SERFF.xlsx (Superceded)
05/23/2014		Supporting Document	Unified Rate Review Template	09/05/2014	URRT VT 2015 - SERFF.xlsm (Superceded) UnifiedRateReviewSubmission_VT_Exchange_2015_20140529164040.xml (Superceded) URRT VT 2015 - SERFF.pdf (Superceded)

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<b>State:</b>	VermontGMCB	<b>Filing Company:</b>	MVP Health Plan, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO		
<b>Product Name:</b>	VT 2015 Exchange Filing Rates		
<b>Project Name/Number:</b>	/		

***Attachment URRT VT 2015 - v2 FINAL.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment UnifiedRateReviewSubmission\_VT\_Exchange\_2015\_2014090511338.xml is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_SMAL\_ON\_20140903.xml is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_IND\_ON\_20140903.xml is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_SMAL\_ON\_20140903.zip is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_IND\_ON\_20140903.zip is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_SMAL\_ON\_20140528.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment Rate Data Template\_VT\_SMAL\_ON\_20140528.xml is not a PDF document and cannot be reproduced here.***

***Attachment VT 2015 Exchange Rate Filing - SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment URRT VT 2015 - SERFF.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment UnifiedRateReviewSubmission\_VT\_Exchange\_2015\_20140529164040.xml is not a PDF document and cannot be reproduced here.***

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	<b>Unified Rate Review v2.0.2</b>																						
2																							
3	Company Legal Name:	<b>MVP Health Plan, Inc.</b>					State:	<b>VT</b>															
4	HIOS Issuer ID:	<b>77566</b>					Market:	<b>Combined</b>															
5	Effective Date of Rate Change(s):	<b>1/1/2015</b>																					
6																							
7																							
8	<b>Market Level Calculations (Same for all Plans)</b>																						
9																							
10																							
11	<b>Section I: Experience period data</b>																						
12	Experience Period:	1/1/2013		to	12/31/2013																		
13		<u>Experience Period</u>			<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>															
14	Premiums (net of MLR Rebate) in Experience Period:	\$870,440			\$728.40			100.00%															
15	Incurred Claims in Experience Period	\$984,468			823.82			113.10%															
16	Allowed Claims:	\$1,023,846			856.78			117.62%															
17	Index Rate of Experience Period				\$856.78																		
18	Experience Period Member Months	1,195																					
19																							
20	<b>Section II: Allowed Claims, PMPM basis</b>																						
21		Experience Period			Projection Period: 1/1/2015 to 12/31/2015		Mid-point to Mid-point, Experience to Projection:										24 months						
22		<u>on Actual Experience Allowed</u>		<u>Adj't. from Experience to Annualized Trend</u>				<u>Projections, before credibility Adjustment</u>						<u>Credibility Manual</u>									
23	<b>Benefit Category</b>	<b>Utilization Description</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>PMPM</b>	<b>Pop'l risk Morbidity</b>	<b>Other</b>	<b>Cost</b>	<b>Util</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>PMPM</b>	<b>Utilization per 1,000</b>	<b>Average Cost/Service</b>	<b>PMPM</b>								
24	Inpatient Hospital	Days	1,020.66	\$1,668.92	\$141.95	1.007	1.006	1.060	1.000	1,028.26	\$1,887.75	\$161.76	209.71	\$4,931.26	\$86.18								
25	Outpatient Hospital	Visits	3,799.69	965.91	305.85	1.007	1.006	1.054	1.000	3,827.96	1,079.24	344.28	2173.14	1,005.06	182.01								
26	Professional	Visits	8,084.45	343.90	231.69	1.007	1.006	1.092	1.000	8,144.60	412.77	280.16	5143.63	319.07	136.76								
27	Other Medical	Other	495.17	965.74	39.85	1.007	1.006	1.054	1.000	498.86	1,079.05	44.86	310.67	814.71	21.09								
28	Capitation	Benefit Period	12,000.00	80.42	80.42	1.007	1.006	1.000	1.000	12,089.28	80.90	81.51	12089.28	6.78	6.83								
29	Prescription Drug	Prescriptions	18,707.95	36.57	57.02	1.007	1.006	1.040	1.020	19,603.13	39.76	64.95	10193.97	64.68	54.95								
30	Total				\$856.78							\$977.50			\$487.82								
31																							
32	<b>Section III: Projected Experience:</b>	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										0.00%	100.00%	<u>After Credibility</u>	<u>Projected Period Totals</u>								
33		Paid to Allowed Average Factor in Projection Period												0.741	\$28,086,944								
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$361.50	\$20,813,629								
35		Projected Risk Adjustments PMPM												0.08	4,606								
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$361.42	\$20,809,022								
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM												13.28	764,368								
38		Projected Incurred Claims												\$348.14	\$20,044,654								
39		Administrative Expense Load												10.13%	41.44	2,385,741							
40		Profit & Risk Load												1.00%	4.10	235,834							
41		Taxes & Fees												3.75%	15.33	882,917							
42		Single Risk Pool Gross Premium Avg. Rate, PMPM													\$409.01	\$23,549,146							
43		Index Rate for Projection Period												\$487.82									
44		% increase over Experience Period												-43.85%									
45		% Increase, annualized:												-25.07%									
46		<b>Projected Member Months</b>													57,576								
47																							
48																							
49	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																						
50																							

Product-Plan Data Collection

Company Legal Name:  
 HIOS Issuer ID:  
 Effective Date of Rate Change(s):

MVP Health Plan, Inc.  
 77566  
 1/1/2015

State: VT  
 Market: Combined

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Vermont HMO Contract Ind 77566VTD04												Vermont HMO Contract Grp 77566VT05												Terminated Products: 2013 Experience						
	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic											
Product ID:																															
AV Metal Value:	0.880	0.795	0.780	0.712	0.692	0.681	0.615	0.606	0.599	0.604	0.880	0.795	0.780	0.712	0.692	0.681	0.615	0.606	0.599	0.604	0.880	0.795	0.780	0.712	0.692	0.681	0.615	0.606	0.599	0.604	
AV Pricing Value:	0.907	0.836	0.839	0.741	0.709	0.713	0.609	0.620	0.617	0.596	0.907	0.836	0.839	0.741	0.709	0.713	0.609	0.620	0.617	0.596	0.907	0.836	0.839	0.741	0.709	0.713	0.609	0.620	0.617	0.596	
Plan Type:	FRVT-HMO-P-001-S	FRVT-HMO-G-001-S	FRVT-HMO-G-002-N	FRVT-HMO-S-001-S	FRVT-HMOH-S-001-S	FRVT-HMO-S-001-N	FRVT-HMO-B-001-S	FRVT-HMOH-B-001-S	FRVT-HMO-B-001-N	FRVT-HMO-C-001-S	FRVT-HMO-P-001-S	FRVT-HMO-G-001-S	FRVT-HMO-G-002-N	FRVT-HMO-S-001-S	FRVT-HMOH-S-001-S	FRVT-HMO-S-001-N	FRVT-HMO-B-001-S	FRVT-HMOH-B-001-S	FRVT-HMO-B-001-N	FRVT-HMO-C-001-S	FRVT-HMO-P-001-S	FRVT-HMO-G-001-S	FRVT-HMO-G-002-N	FRVT-HMO-S-001-S	FRVT-HMOH-S-001-S	FRVT-HMO-S-001-N	FRVT-HMO-B-001-S	FRVT-HMOH-B-001-S	FRVT-HMO-B-001-N	FRVT-HMO-C-001-S	
Plan ID (Standard Component ID):	77566VT040001	77566VT040002	77566VT040004	77566VT040005	77566VT040006	77566VT040007	77566VT040009	77566VT040010	77566VT040011	77566VT040013	77566VT050001	77566VT050002	77566VT050004	77566VT050005	77566VT050006	77566VT050007	77566VT050009	77566VT050010	77566VT050011	77566VT050013	77566VT050001	77566VT050002	77566VT050004	77566VT050005	77566VT050006	77566VT050007	77566VT050009	77566VT050010	77566VT050011	77566VT050013	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%																														
Historical Rate Increase - Calendar Year - 1	0.00%																														
Historical Rate Increase - Calendar Year 0	0.00%																														
Effective Date of Proposed Rates:	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	
Rate Change % (over prior filing)	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	
Cumulative Rate Change % (over 12 mos prior)	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	14.76%	17.50%	16.45%	19.62%	12.24%	12.24%	19.95%	12.24%	12.24%	19.95%	
Prod'd Per Rate Change % (over Expt. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Product Threshold Rate Increase %	17.63%																														

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	77566VT040001	77566VT040002	77566VT040004	77566VT040005	77566VT040006	77566VT040007	77566VT040009	77566VT040010	77566VT040011	77566VT040013	77566VT050001	77566VT050002	77566VT050004	77566VT050005	77566VT050006	77566VT050007	77566VT050009	77566VT050010	77566VT050011	77566VT050013									
Inpatient	\$0.00	\$18.81	\$17.82	\$17.59	\$10.66	\$13.66	\$14.07	\$9.16	\$14.05	\$4.97	\$18.08	\$18.81	\$17.82	\$17.59	\$10.66	\$13.66	\$14.07	\$9.16	\$14.05	\$4.97	\$18.08	\$18.81	\$17.82	\$17.59	\$10.66	\$13.66	\$14.07	\$9.16	\$14.05	\$4.97
Outpatient	\$0.00	\$11.49	\$11.35	\$11.33	\$11.18	\$6.77	\$8.68	\$8.94	\$5.82	\$8.93	\$3.16	\$11.49	\$11.35	\$11.33	\$11.18	\$6.77	\$8.68	\$8.94	\$5.82	\$8.93	\$3.16	\$11.49	\$11.35	\$11.33	\$11.18	\$6.77	\$8.68	\$8.94	\$5.82	\$8.93
Professional	\$0.00	\$88.99	\$97.37	\$96.41	\$94.95	\$27.16	\$37.86	\$38.20	\$27.92	\$37.86	\$18.20	\$88.99	\$97.37	\$96.41	\$94.95	\$27.16	\$37.86	\$38.20	\$27.92	\$37.86	\$18.20	\$88.99	\$97.37	\$96.41	\$94.95	\$27.16	\$37.86	\$38.20	\$27.92	\$37.86
Prescription Drug	\$0.00	(\$2.43)	(\$2.53)	(\$2.40)	(\$2.37)	(\$1.43)	(\$1.38)	(\$1.23)	(\$1.38)	(\$0.97)	(\$2.43)	(\$2.53)	(\$2.40)	(\$2.37)	(\$1.43)	(\$1.38)	(\$1.23)	(\$1.38)	(\$0.97)	(\$2.43)	(\$2.53)	(\$2.40)	(\$2.37)	(\$1.43)	(\$1.38)	(\$1.23)	(\$1.38)	(\$0.97)	(\$2.43)	(\$2.53)
Other	\$0.00	(\$2.64)	(\$2.75)	(\$2.60)	(\$2.57)	(\$1.56)	(\$2.06)	(\$1.34)	(\$2.06)	(\$0.73)	(\$2.64)	(\$2.75)	(\$2.60)	(\$2.57)	(\$1.56)	(\$2.06)	(\$1.34)	(\$2.06)	(\$0.73)	(\$2.64)	(\$2.75)	(\$2.60)	(\$2.57)	(\$1.56)	(\$2.06)	(\$1.34)	(\$2.06)	(\$0.73)	(\$2.64)	(\$2.75)
Capitalization	\$0.00	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05
Administration	\$0.00	\$7.57	\$7.83	\$7.56	\$7.58	\$5.00	\$6.13	\$6.38	\$4.51	\$6.37	\$3.15	\$7.57	\$7.83	\$7.56	\$7.58	\$5.00	\$6.13	\$6.38	\$4.51	\$6.37	\$3.15	\$7.57	\$7.83	\$7.56	\$7.58	\$5.00	\$6.13	\$6.38	\$4.51	\$6.37
Taxes & Fees	\$0.00	\$1.52	\$1.54	\$1.41	\$1.29	\$0.32	\$0.73	\$0.72	\$0.05	\$0.72	(\$0.09)	\$1.52	\$1.54	\$1.41	\$1.29	\$0.32	\$0.73	\$0.72	\$0.05	\$0.72	(\$0.09)	\$1.52	\$1.54	\$1.41	\$1.29	\$0.32	\$0.73	\$0.72	\$0.05	\$0.72
Risk & Profit Charge	\$0.00	\$6.27	\$5.61	\$5.62	\$4.78	\$4.38	\$4.48	\$3.77	\$3.75	\$3.82	\$2.01	\$6.27	\$5.61	\$5.62	\$4.78	\$4.38	\$4.48	\$3.77	\$3.75	\$3.82	\$2.01	\$6.27	\$5.61	\$5.62	\$4.78	\$4.38	\$4.48	\$3.77	\$3.75	\$3.82
Total Rate Increase	\$0.00	\$75.83	\$77.99	\$74.19	\$72.49	\$45.37	\$57.05	\$57.95	\$38.97	\$57.92	\$21.12	\$75.83	\$77.99	\$74.19	\$72.49	\$45.37	\$57.05	\$57.95	\$38.97	\$57.92	\$21.12	\$75.83	\$77.99	\$74.19	\$72.49	\$45.37	\$57.05	\$57.95	\$38.97	\$57.92
Member Cost Share Increase	\$0.00	\$1.67	\$1.36	\$1.51	\$1.90	\$8.85	\$18.14	\$8.85	\$6.52	\$21.05	\$5.21	\$1.67	\$1.36	\$1.51	\$1.90	\$8.85	\$18.14	\$8.85	\$6.52	\$21.05	\$5.21	\$1.67	\$1.36	\$1.51	\$1.90	\$8.85	\$18.14	\$8.85	\$6.52	\$21.05
Average Current Rate PMPM	\$154.30	\$513.21	\$448.72	\$450.42	\$369.18	\$370.10	\$361.98	\$290.27	\$316.25	\$295.29	\$168.92	\$513.21	\$448.72	\$450.42	\$369.18	\$370.10	\$361.98	\$290.27	\$316.25	\$295.29	\$168.92	\$513.21	\$448.72	\$450.42	\$369.18	\$370.10	\$361.98	\$290.27	\$316.25	\$295.29
Projected Member Months	57,576	2,664	924	336	4,452	2,160	4,152	14,760	1,584	3,072	1,188	4,848	1,044	672	3,024	4,860	1,548	1,944	2,868	1,476	0	4,848	1,044	672	3,024	4,860	1,548	1,944	2,868	1,476

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	77566VT040001	77566VT040002	77566VT040004	77566VT040005	77566VT040006	77566VT040007	77566VT040009	77566VT040010	77566VT040011	77566VT040013	77566VT050001	77566VT050002	77566VT050004	77566VT050005	77566VT050006	77566VT050007	77566VT050009	77566VT050010	77566VT050011	77566VT050013	
Average Rate PMPM	\$728.40																					
Member Months	57,576	2,664	924	336	4,452	2,160	4,152	14,760	1,584	3,072	1,188	4,848	1,044	672	3,024	4,860	1,548	1,944	2,868	1,476	0	
Total Premium (TP)	\$870,440	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EHB Percent of TP (see instructions)	0.00%																					
State mandated benefits portion of TP that are other than EHB	0.00%																					
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Total Allowed Claims (TAC)	\$1,023,846																					
EHB Percent of TAC (see instructions)	100.00%																					
State mandated benefits portion of TAC that are other than EHB	0.00%																					
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Allowed Claims which are not the issuer's obligation (Portion of above payable by HHS's funds on behalf of insured person, in dollars)	\$39,278	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!																				
Total Incurred Claims, payable with issuer funds	\$984,568	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Net Amt of Reim	\$0.00																					
Net Amt of Risk Adj	\$0.00																					
Incurred Claims PMPM	\$823.82	#DIV/0!																				
Allowed Claims PMPM	\$856.78	#DIV/0!																				
EHB portion of Allowed Claims, PMPM	\$856.78	#DIV/0!																				

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	77566VT040001	77566VT040002	77566VT040004	77566VT040005	77566VT040006	77566VT040007	77566VT040009	77566VT040010	77566VT040011	77566VT040013	77566VT050001	77566VT050002	77566VT050004	77566VT050005	77566VT050006	77566VT050007	77566VT050009	77566VT050010	77566VT050011	77566VT050013
Plan Adjusted Rate	\$413.67	\$588.04	\$523.73	\$524.81	\$461.63	\$415.47	\$419.03	\$388.23	\$355.32	\$393.23	\$300.00	\$588									



2015 Rates Table Template v4.0		To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.									
		If you are a community rating state, select Family Option under Age and fill in all columns.									
		If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.									
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.									
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.									
HIOS Issuer ID*	77566										
Federal TIN*	14-1640868										
Rate Effective Date*	1/1/2015										
Rate Expiration Date*	12/31/2015										
Family Tier											
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Couple*	Primary Subscriber and One Dependent*	Primary Subscriber and Two Dependents*	Primary Subscriber and Three or More Dependents*	Couple and One Dependent*	Couple and Two Dependents*	Couple and Three or More Dependents*
<b>Required:</b> Enter the 14-character Plan ID	<b>Required:</b> Select the Rating Area ID	<b>Require:</b> Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	<b>Required:</b> Select the age of a subscriber eligible for the rate	<b>Required:</b> Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	<b>Required:</b> Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	<b>Required:</b> Enter the rate of a family based on a single parent with one dependent	<b>Required:</b> Enter the rate of a family based on a single parent with two dependents	<b>Required:</b> Enter the rate of a family based on a single parent with three or more dependents	<b>Required:</b> Enter the rate of a family based on a couple with one dependent	<b>Required:</b> Enter the rate of a family based on a couple with two dependents	<b>Required:</b> Enter the rate of a family based on a couple with three or more dependents
77566VT0050001	Rating Area 1	No Preference	Family Option	672.55	1345.10	1298.02	1298.02	1298.02	1889.87	1889.87	1889.87
77566VT0050002	Rating Area 1	No Preference	Family Option	595.68	1191.36	1149.66	1149.66	1149.66	1673.86	1673.86	1673.86
77566VT0050004	Rating Area 1	No Preference	Family Option	599.00	1198.00	1156.07	1156.07	1156.07	1683.19	1683.19	1683.19
77566VT0050005	Rating Area 1	No Preference	Family Option	504.35	1008.70	973.40	973.40	973.40	1417.22	1417.22	1417.22
77566VT0050006	Rating Area 1	No Preference	Family Option	474.43	948.86	915.65	915.65	915.65	1333.15	1333.15	1333.15
77566VT0050007	Rating Area 1	No Preference	Family Option	478.52	957.04	923.54	923.54	923.54	1344.64	1344.64	1344.64
77566VT0050009	Rating Area 1	No Preference	Family Option	397.72	795.44	767.60	767.60	767.60	1117.59	1117.59	1117.59
77566VT0050010	Rating Area 1	No Preference	Family Option	405.69	811.38	782.98	782.98	782.98	1139.99	1139.99	1139.99
77566VT0050011	Rating Area 1	No Preference	Family Option	403.43	806.86	778.62	778.62	778.62	1133.64	1133.64	1133.64







**MVP Health Care -- 2015 Exchange Rate Filing**

MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Used in Development of Index Rate

Exhibit 3 -- Index Rate Development

Exhibit 3a -- Pediatric Dental

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- 2015 Premium Rates

**Exhibit 1 -- Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

Coplan	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits											Pharmacy	
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Ded	Deductible Type	Coins.	Med OOP Max	Rx OOP Max		OOP Max Type
FRVT-HMO-P-001-S	HyHMO	Platinum	Standard	\$10	\$20	10%	\$100	10%	\$50	\$150	Stacked	10%	\$1,250	\$1,250	Separate	\$5 / \$40 / 50%
FRVT-HMO-G-001-S	HyHMO	Gold	Standard	\$15	\$25	20%	\$150	20%	\$50	\$750	Stacked	20%	\$4,250	\$1,250	Separate	\$5 / \$40 / 50%, \$50 Brand Ded
FRVT-HMO-G-002-N	HyHMO	Gold	Non-Standard	\$5	\$30	20%	\$200*	\$200	\$50*	\$400	Stacked	20%	\$5,350	\$1,300	Separate	\$5 / \$40 / 50%, \$100 Brand Ded, VBIID = \$1 <sup>#</sup>
FRVT-HMO-S-001-S	HyHMO	Silver	Standard	\$25	\$45	40%	\$250*	40%	\$100	\$1,900	Stacked	40%	\$5,100	\$1,250	Separate	\$12 / \$50 / 50%, \$100 Brand Ded
FRVT-HMOH-S-001-S	HDHMO	Silver	Standard	10%	20%	20%	20%	20%	20%	\$1,550	Aggregate	20%	\$5,750	\$1,300	Integrated	\$10 / \$40 / 50%
FRVT-HMO-S-001-N	HyHMO	Silver	Non-Standard	\$15	\$50*	50%	\$250*	\$600	\$100*	\$1,800	Stacked	50%	\$5,350	\$1,300	Separate	\$12 / \$40 / 50%, \$250 Brand Ded, VBIID = \$3 <sup>#</sup>
FRVT-HMO-B-001-S	HMO	Bronze	Standard	\$35*	\$80*	50%	50%	50%	\$100*	\$3,500	Stacked	50%	\$6,350	\$1,250	Integrated	\$20 / \$80 / 60%, \$300 Brand Ded
FRVT-HMOH-B-001-S	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$2,000	Aggregate	50%	\$6,250	\$1,300	Integrated	\$12 / 40% / 60%
FRVT-HMO-B-001-N	HMO	Bronze	Non-Standard	\$30*	\$100*	50%	50%	50%	\$100*	\$3,000	Stacked	50%	\$6,600	\$1,300	Integrated	\$20 / \$90 / 60%, \$200 Ded, VBIID = \$3 <sup>#</sup>
FRVT-HMO-C-001-S	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$6,400	Stacked	0%	\$6,350	\$1,250	Integrated	\$0 / \$0 / \$0

Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits											Pharmacy		
Subsidy Level	Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Ded	Deductible Type	Coins.	Med OOP Max		Rx OOP Max	OOP Max Type
73%	FRVT-HMO-S1-001-S	HyHMO	Silver	Standard	\$25	\$45	40%	\$250*	40%	\$100	\$1,900	Stacked	40%	\$4,000	\$1,200	Separate	\$12/\$50/50% (\$100 Brand DED)
87%	FRVT-HMO-S1-002-S	HyHMO	Silver	Standard	\$10	\$30	40%	\$250*	40%	\$100	\$600	Stacked	40%	\$1,250	\$400	Separate	\$10/\$50/50% (\$100 Brand DED)
94%	FRVT-HMO-S1-003-S	HyHMO	Silver	Standard	\$5	\$15	10%	\$75*	10%	\$50	\$100	Stacked	10%	\$500	\$200	Separate	\$5/\$20/30%
77%	FRVT-HMO-S1-004-S	HyHMO	Silver	Standard	\$20	\$40	40%	\$250*	40%	\$100	\$1,500	Stacked	40%	\$3,000	\$1,000	Separate	\$12/\$50/50% (\$100 Brand DED)
73%	FRVT-HMOH-S1-001-S	HDHMO	Silver	Standard	10%	20%	20%	20%	20%	20%	\$1,400	Aggregate	20%	\$3,400	\$1,300	Integrated	\$10/\$40/50%
87%	FRVT-HMOH-S1-002-S	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,000	Aggregate	0%	\$1,000	\$1,000	Integrated	\$0/\$0/0%
94%	FRVT-HMOH-S1-003-S	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$450	Aggregate	0%	\$450	\$450	Integrated	\$0/\$0/0%
77%	FRVT-HMOH-S1-004-S	HDHMO	Silver	Standard	10%	20%	20%	20%	20%	20%	\$1,250	Aggregate	20%	\$2,500	\$1,300	Integrated	\$5/\$30/50%
73%	FRVT-HMO-S1-001-N	HyHMO	Silver	Non-Standard	\$10	\$50*	30%	\$150*	\$400*	\$100*	\$700	Stacked	30%	\$4,000	\$1,200	Separate	\$12/\$40/50% (\$200 DED), VBIID = \$3 <sup>#</sup>
87%	FRVT-HMO-S1-002-N	HyHMO	Silver	Non-Standard	\$5	\$30*	10%	\$100*	\$75*	\$100*	\$60	Stacked	10%	\$1,800	\$450	Separate	\$10/\$25/40% (\$50 Brand DED), VBIID = \$3 <sup>#</sup>
94%	FRVT-HMO-S1-003-N	HyHMO	Silver	Non-Standard	\$5	\$10*	5%	\$50*	\$25*	\$50*	\$0	Stacked	5%	\$1,800	\$450	Separate	\$5/\$10/5%, VBIID = \$1 <sup>#</sup>
77%	FRVT-HMO-S1-004-N	HyHMO	Silver	Non-Standard	\$5	\$40*	20%	\$100*	\$200*	\$100*	\$300	Stacked	20%	\$4,000	\$1,200	Separate	\$12/\$40/40% (\$100 DED), VBIID = \$3 <sup>#</sup>

American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized) <sup>^</sup>				In-Network Benefits											Pharmacy	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Ded	Deductible Type	Coins.	Med OOP Max	Rx OOP Max		OOP Max Type
FRVT-HMO-PA2-001-S	HyHMO	Platinum	Standard	\$10	\$20	10%	\$100	10%	\$50	\$150	Stacked	10%	\$1,250	\$1,250	Separate	\$5 / \$40 / 50%
FRVT-HMO-GA2-001-S	HyHMO	Gold	Standard	\$15	\$25	20%	\$150	20%	\$50	\$750	Stacked	20%	\$4,250	\$1,250	Separate	\$5 / \$40 / 50%, \$50 Brand Ded
FRVT-HMO-GA2-002-N	HyHMO	Gold	Non-Standard	\$5	\$30	20%	\$200	20%	\$50	\$400	Stacked	20%	\$5,350	\$1,250	Separate	\$5 / \$40 / 50%, \$100 Brand Ded, VBIID = \$1 <sup>#</sup>
FRVT-HMO-SA2-001-S	HyHMO	Silver	Standard	\$25	\$45	40%	\$250*	40%	\$100	\$1,900	Stacked	40%	\$5,100	\$1,250	Separate	\$12 / \$50 / 50%, \$100 Brand Ded
FRVT-HMOH-SA2-001-S	HDHMO	Silver	Standard	10%	20%	20%	20%	20%	20%	\$1,550	Aggregate	20%	\$5,750	\$1,250	Integrated	\$10 / \$40 / 50%
FRVT-HMO-SA2-001-N	HyHMO	Silver	Non-Standard	\$10	\$40	50%	\$400*	50%	\$100	\$1,700	Stacked	50%	\$5,100	\$1,250	Separate	\$12 / \$60 / 50%, \$200 Brand Ded, VBIID = \$3 <sup>#</sup>
FRVT-HMO-BA2-001-S	HMO	Bronze	Standard	\$35*	\$80*	50%	50%	50%	\$100*	\$3,500	Stacked	50%	\$6,350	\$1,250	Integrated	\$20 / \$80 / 60%, \$300 Ded
FRVT-HMOH-BA2-001-S	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$2,000	Aggregate	50%	\$6,250	\$1,250	Integrated	\$12 / 40% / 60%
FRVT-HMO-BA2-001-N	HMO	Bronze	Non-Standard	\$30*	\$100*	50%	50%	50%	\$100*	\$3,000	Stacked	50%	\$6,350	\$1,250	Separate	\$20 / \$90 / 60%, \$200 Brand Ded, VBIID = \$3 <sup>#</sup>

American Indian and Alaskan Native (AI/AN) Benefits (Subsidized)				In-Network Benefits											Pharmacy	
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Ded	Deductible Type	Coins.	Med OOP Max	Rx OOP Max		OOP Max Type
FRVT-HMO-BA1-001-S	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	\$0

\* Cost-sharing applies after deductible is met

\*\* 3 PCP Office Visits are covered in full

# Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met

<sup>^</sup> Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.

Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to \$50 per adult member (age >= 18) per year.

<b>Exhibit 2 -- Pricing Trend Assumptions</b>
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MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

		<b>Midpoint</b>
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Experience Period:	January 1, 2013 - December 31, 2013	July 1, 2013
Rating Period:	January 1, 2015 - December 31, 2015	July 1, 2015

	<b>2014</b>	<b>2015</b>	<b>Total</b>
<b>Months of Trend</b>	12	12	24

<b>Medical Trend Summary</b>
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<b>2014 Annual Trend</b>				
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	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.9%	6.0%	0.0%	6.0%
OP and Other Med	47.9%	5.4%	0.0%	5.4%
PHY	31.3%	15.3%	0.0%	15.3%
<b>Medical Total</b>		8.6%	0.0%	<b>8.6%</b>

<b>2015 Annual Trend</b>				
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	% of Allowed Claims	Allowed Cost	Utilization	Total
IP	20.9%	6.0%	0.0%	6.0%
OP and Other Med	47.9%	5.4%	0.0%	5.4%
PHY	31.3%	3.5%	0.0%	3.5%
<b>Medical Total</b>		4.9%	0.0%	<b>4.9%</b>

<b>Annual Allowed Medical Trend</b>	<b>6.8%</b>
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<b>Leveraging Impact - Fee-For-Service Medical Claims</b>						
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	Allowed-COB	Coinsurance	Copay	Deductible	Paid
Rating Period:	\$362.38	\$3.96	\$4.71	\$68.35	\$285.37
24 Months of Trend:	1.140	1.140	1.000	1.067	1.159
Projection Period:	\$412.99	\$4.52	\$4.71	\$72.96	\$330.81
Allowed Trend (Annual)	6.8%				
Paid Trend (Annual)	7.7%				
<b>Leveraging (Annual)</b>	<b>0.9%</b>				

<b>Rx Trend Summary</b>
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	<u>2014 Trend</u>		<u>2015 Trend</u>	
	Unit Cost	Utilization	Unit Cost	Utilization
Generic	-1.4%	3.8%	-1.8%	3.6%
Brand	12.5%	-7.0%	10.1%	-4.6%
Specialty	11.0%	4.0%	8.6%	3.0%

<b>Exhibit 2b -- Support for Rx Trend Used in Development of Index Rate</b>
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MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

Experience Period: Jan 2013 - Dec 2013  
Paid Through: Mar 31, 2014  
Member Months with Rx Benefit: 201,474

**Rx Claim Information**

	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
	1	2	3	
Experience Period Scripts / 1000	8,468	1,209	51	9,728
Experience Period Allowed Cost per Script	\$20.37	\$186.61	\$3,125.59	\$57.38
Experience Period Deductible per Script	\$7.47	\$42.21	\$153.00	\$12.55
Experience Period Copay per Script	\$2.40	\$12.84	\$20.87	\$3.80
Experience Period Coinsurance per Script	\$0.78	\$11.04	\$27.36	\$2.19
Experience Paid Cost per Script	\$9.72	\$120.51	\$2,924.37	\$38.83
Experience Period Allowed PMPM	\$14.37	\$18.80	\$13.34	\$46.52
Experience Period Cost Sharing PMPM	\$7.52	\$6.66	\$0.86	\$15.03
Experience Period Paid PMPM	\$6.86	\$12.14	\$12.48	\$31.48
Annual Util Trend	1.037	0.942	1.035	1.026
Annual Unit Cost Trend	0.984	1.113	1.098	1.040
Annual Deductible Trend	1.019	1.018	1.019	0.992
Annual Paid Trend	0.974	1.098	1.141	1.090
Months of Trend to Q1 2015**	24.0	24.0	24.0	24.0
Projected Scripts / 1000 as of Q1 2015	9,103	1,073	55	10,231
Projected Allowed Cost per Script as of Q1 2015	\$19.72	\$231.14	\$3,769.17	\$62.00
Projected Deductible per Script	\$7.76	\$43.74	\$159.02	\$12.34
Projected Copay per Script	\$2.58	\$11.39	\$22.35	\$3.61
Projected Coinsurance per Script	\$0.81	\$12.14	\$35.34	\$2.18
Projected Paid Cost per Script as of Q1 2015	\$8.57	\$163.87	\$3,552.46	\$43.86
Projected Allowed PMPM as of Q1 2015	\$14.96	\$20.67	\$17.23	\$52.86
Projected Cost Sharing PMPM as of Q1 2015	\$8.46	\$6.01	\$0.99	\$15.47
Projected Paid PMPM as of Q1 2015	\$6.50	\$14.65	\$16.24	\$37.40

\*\*Midpoint of Experience Period -- 07/01/2013, Midpoint of Q1 2015 Rating Period -- 07/01/2015

<b>Exhibit 3 -- Development of Index Rate</b>
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MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

Experience Period: Jan 2013 - Dec 2013  
Completed Through: Mar 31, 2014

	<b>Paid Claims PMPM</b>
<b><u>Member Months</u></b>	204,962
<b><u>FRDM Medical Claims and Capitation/Non-FRDM Information</u></b>	
I) Total Experience Period Claims	\$276.59
II) Claims in Excess of \$100k in Exp. Period	\$42.12
III) Pooling Charge	1.104
IV) IBNR Factor	1.032
<i>Completed Through Mar-14</i>	
Net Experience Period Claims Covered for Exchange Pricing = [ I) - II) ] * III) * IV)	\$267.14
Elective Abortion Cost (not covered in Exchange)	\$0.00
Vision (Only Pediatric Covered in Exchange)	(\$0.01)
Net Experience Period Claims After Removal of Non-Covered Benefits	\$267.13
Annual Medical Trend	1.077
Months of Trend to Q1 2015**	24.0
Trended Net Experience Period Claims	\$309.67
<b><u>Expanded benefits due to EHB Requirements and Mandates</u></b>	
Disposable Supplies	\$0.11
Copay Adjustment for Mental Health/Substance Abuse	\$0.09
Pediatric Vision	\$1.08
Other Benefit Expansions*	\$0.69
Capitations and Non-FRDM Claim Expenses	\$6.78
Trended Incurred Medical Claims PMPM as of Q1 2015	\$318.42
<b><u>Rx Claim Information</u></b>	
Experience Period Rx Claims	\$31.48
Annual Rx Trend	1.090
Months of Rx Trend	24.0
Trended Gross Rx Claims PMPM for 2015	\$37.40
Rx Rebates	(\$4.48)
Trended Bill H559 Impact	\$2.28
Trended Net Rx Claims PMPM for 2015	\$35.21
<b><u>Index Rate Development for 2015</u></b>	
A) Total Claim Cost for 2015 Excluding Taxes/Assessments/Pediatric Dental, Prior to Adjustments	\$353.62
B) Projected Change in Risk Pool Due to Membership Changes (Morbidity Adjustment)	0.980
C) Pediatric Dental Paid Cost PMPM for 2015	\$5.61
<b>2015 Paid Index Rate</b>	<b>\$352.16</b>
= [ A) * B) ] + C)	
D) Removing Pediatric Dental Allowed Cost PMPM for 2014 from Adjusted Paid Cost	(\$5.61)
E) Impact of Temporary Reinsurance Pool on 2015 Adjusted Paid Cost	0.953
<b><u>Support for Impact of Temporary Reinsurance Pool on Merged Market Adj. Paid Cost</u></b>	
Avg Value of Temporary Reinsurance Pool from 2011 - 2013	7.6%
Projected % of Membership in Individual Market	61.3%
Adjustment to Merged Market Adjusted Paid Amount	-4.7%
F) Payment Transfer Impact	\$0.00
G) 2015 Adjusted Paid Amount	<b>\$330.30</b>
= [2015 Paid Index Rate + D) ] * E) + F) -- reflects a Benefit Relativity of 70.1%	
*Other Benefit expansions include: Wigs, Sterilization Reversal, Couples Therapy, and Private Duty Nursing	
**Midpoint of Experience Period -- 07/01/2013, Midpoint of 2015 Rating Period -- 07/01/2015	

<b>Exhibit 3a -- Pediatric Dental Net Claim Costs</b>
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MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

<b>Plan Description</b>	<b>Form Number</b>	<b>2014 Net Claims Cost</b>	<b>Increase Due to Type I Claims Covered 1st Dollar</b>	<b>2015 Blended Net Claims Cost</b>
Platinum Standard	FRVT-HMO-P-001-S	\$6.97	0.6%	\$7.01
Gold Standard	FRVT-HMO-G-001-S	\$5.91	2.2%	\$6.04
Gold Non-Standard 2	FRVT-HMO-G-002-N	\$5.97	1.0%	\$6.03
Silver Standard	FRVT-HMO-S-001-S	\$5.59	7.0%	\$5.98
Silver Non-Standard	FRVT-HMO-S-001-N	\$5.58	5.3%	\$5.87
Bronze Standard	FRVT-HMO-B-001-S	\$5.03	14.1%	\$5.74
Bronze Non Standard	FRVT-HMO-B-001-N	\$4.90	12.5%	\$5.51
Silver HDHP Standard	FRVT-HMOH-S-001-S	\$5.61	0.0%	\$5.61
Bronze HDHP Standard	FRVT-HMOH-B-001-S	\$5.42	0.0%	\$5.42
Catastrophic	FRVT-HMO-C-001-S	\$3.08	16.1%	\$3.58

<b>Exhibit 4 -- Conversion Factor and Tier Ratios</b>
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MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	71,027	71,027	1.000	1.000
4	Double	16,135	32,270	2.000	2.000
4	Parent/Child(ren)	4,914	12,402	2.524	1.930
4	Family	22,450	89,263	3.976	2.810
<b>Proposed Conversion Factor</b>		<b><u>1.165</u></b>			

**Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges**

MVP Health Plan, Inc. 2015 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2015 - December 31, 2015

<b>% of Premium Retention Components</b>	
General Administrative Load	9.50%
Broker Load	0.00%
Bad Debt	0.25%
Contribution to Reserves	1.50%
<b>Total % of Premium Retention Components</b>	<b>11.25%</b>

<b>PMPM Retention Components</b>	
National Network Fee	\$1.50
<b>Total % of Premium Retention Components</b>	<b>\$1.50</b>

<b>% of Premium Taxes and Assessments</b>	
Premium Tax	0.00%
VT Vaccine Pilot	0.60%
ACA Insurer Tax	2.00%
<b>Total % of Premium Taxes/Assessments</b>	<b>2.60%</b>

<b>% of Paid Claim Taxes and Assessments</b>	
Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.250%
<b>Total % of Paid Claim Taxes/Assessments</b>	<b>1.249%</b>

<b>PMPM Taxes and Assessments</b>	
HHS Risk Adjustment User Fee	\$0.08
Fed Reinsurance Assessment	\$3.67
Comparative Eff Research Tax	\$0.17
<b>Total PMPM Taxes/Assessments</b>	<b>\$3.92</b>

Exhibit 6 -- 2015 Exchange Premium Rates

2015 Adjusted Paid Claim Cost (Exhibit 3, Item G)	\$330.30
Benefit Relativity Reflected in Index Rate	0.701

Coplan	Product Type	Metal Level	Standard/No n-Standard	Federal and State Combined Subsidy	Pricing Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM (excl Ped Dental)	Dental Net Claims Cost (Exh 3a)	% of Premium Retention Components	PMPM Retention Components	% of Premium Taxes and Assessments	% of Paid Claim Taxes / Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	Gross Claim Cost PMPM	Single***	Double	Parent/Child (ren)	Family	Annual Single Rate Change	Annual Double Rate Change	Annual P/C Rate Change	Annual Family Rate Change
FRVT-HMO-P-001-S	HyHMO	Platinum	Standard	Non-Subsidized	0.907	1.121	\$478.84	\$7.01	\$64.95	\$1.50	\$15.01	\$6.07	\$3.92	\$0.00	\$577.30	\$672.55	\$1,345.10	\$1,298.02	\$1,889.87	13.2%	13.2%	13.2%	13.2%
FRVT-HMO-G-001-S	HyHMO	Gold	Standard	Non-Subsidized	0.836	1.076	\$423.67	\$6.04	\$57.52	\$1.50	\$13.29	\$5.37	\$3.92	\$0.00	\$511.31	\$595.68	\$1,191.36	\$1,149.66	\$1,673.86	15.9%	15.9%	15.9%	15.9%
FRVT-HMO-G-002-N	HyHMO	Gold	Non-Standard	Non-Subsidized	0.839	1.078	\$426.01	\$6.03	\$57.84	\$1.50	\$13.37	\$5.40	\$3.92	\$0.09	\$514.16	\$599.00	\$1,198.00	\$1,156.07	\$1,683.19	14.8%	14.8%	14.8%	14.8%
FRVT-HMO-S-001-S	HyHMO	Silver	Standard	Non-Subsidized	0.741	1.022	\$357.03	\$5.98	\$48.70	\$1.50	\$11.26	\$4.53	\$3.92	\$0.00	\$432.92	\$504.35	\$1,008.70	\$973.40	\$1,417.22	18.0%	18.0%	18.0%	18.0%
FRVT-HMOH-S-001-S	HDHMO	Silver	Standard	Non-Subsidized	0.709	1.005	\$335.55	\$5.61	\$45.81	\$1.50	\$10.59	\$4.26	\$3.92	\$0.00	\$407.24	\$474.43	\$948.86	\$915.65	\$1,333.15	10.7%	10.7%	10.7%	10.7%
FRVT-HMO-S-001-N	HyHMO	Silver	Non-Standard	Non-Subsidized	0.713	1.007	\$338.18	\$5.87	\$46.21	\$1.50	\$10.68	\$4.30	\$3.92	\$0.09	\$410.75	\$478.52	\$957.04	\$923.54	\$1,344.64	14.2%	14.2%	14.2%	14.2%
FRVT-HMO-B-001-S	HMO	Bronze	Standard	Non-Subsidized	0.609	0.973	\$279.39	\$5.74	\$38.41	\$1.50	\$8.88	\$3.56	\$3.92	\$0.00	\$341.39	\$397.72	\$795.44	\$767.60	\$1,117.59	18.3%	18.3%	18.3%	18.3%
FRVT-HMOH-B-001-S	HDHMO	Bronze	Standard	Non-Subsidized	0.620	0.977	\$285.53	\$5.42	\$39.18	\$1.50	\$9.05	\$3.63	\$3.92	\$0.00	\$348.23	\$405.69	\$811.38	\$782.98	\$1,139.99	10.8%	10.8%	10.8%	10.8%
FRVT-HMO-B-001-N	HMO	Bronze	Non-Standard	Non-Subsidized	0.617	0.976	\$283.69	\$5.51	\$38.96	\$1.50	\$9.00	\$3.61	\$3.92	\$0.09	\$346.29	\$403.43	\$806.86	\$778.62	\$1,133.64	18.0%	18.0%	18.0%	18.0%
FRVT-HMO-C-001-S	HMO	Catastrophic	Standard	Non-Subsidized	0.596	0.533	\$149.67	\$3.58	\$20.97	\$1.50	\$4.85	\$1.91	\$3.92	\$0.00	\$186.40	\$217.16	\$434.32	\$419.12	\$610.22	11.0%	11.0%	11.0%	11.0%
FRVT-HMO-S1-001-S	HyHMO	Silver	Standard	Subsidized (73%)	0.741	1.022	\$357.03	\$5.98	\$48.70	\$1.50	\$11.26	\$4.53	\$3.92	\$0.00	\$432.92	\$504.35	\$1,008.70	\$973.40	\$1,417.22	18.0%	18.0%	18.0%	18.0%
FRVT-HMO-S1-002-S	HyHMO	Silver	Standard	Subsidized (87%)	0.741	1.022	\$357.03	\$5.98	\$48.70	\$1.50	\$11.26	\$4.53	\$3.92	\$0.00	\$432.92	\$504.35	\$1,008.70	\$973.40	\$1,417.22	18.0%	18.0%	18.0%	18.0%
FRVT-HMO-S1-003-S	HyHMO	Silver	Standard	Subsidized (94%)	0.741	1.022	\$357.03	\$5.98	\$48.70	\$1.50	\$11.26	\$4.53	\$3.92	\$0.00	\$432.92	\$504.35	\$1,008.70	\$973.40	\$1,417.22	18.0%	18.0%	18.0%	18.0%
FRVT-HMO-S1-004-S	HyHMO	Silver	Standard	Subsidized (77%)	0.741	1.022	\$357.03	\$5.98	\$48.70	\$1.50	\$11.26	\$4.53	\$3.92	\$0.00	\$432.92	\$504.35	\$1,008.70	\$973.40	\$1,417.22	18.0%	18.0%	18.0%	18.0%
FRVT-HMOH-S1-001-S	HDHMO	Silver	Standard	Subsidized (73%)	0.709	1.005	\$335.55	\$5.61	\$45.81	\$1.50	\$10.59	\$4.26	\$3.92	\$0.00	\$407.24	\$474.43	\$948.86	\$915.65	\$1,333.15	10.7%	10.7%	10.7%	10.7%
FRVT-HMOH-S1-002-S	HDHMO	Silver	Standard	Subsidized (87%)	0.709	1.005	\$335.55	\$5.61	\$45.81	\$1.50	\$10.59	\$4.26	\$3.92	\$0.00	\$407.24	\$474.43	\$948.86	\$915.65	\$1,333.15	10.7%	10.7%	10.7%	10.7%
FRVT-HMOH-S1-003-S	HDHMO	Silver	Standard	Subsidized (94%)	0.709	1.005	\$335.55	\$5.61	\$45.81	\$1.50	\$10.59	\$4.26	\$3.92	\$0.00	\$407.24	\$474.43	\$948.86	\$915.65	\$1,333.15	10.7%	10.7%	10.7%	10.7%
FRVT-HMOH-S1-004-S	HDHMO	Silver	Standard	Subsidized (77%)	0.709	1.005	\$335.55	\$5.61	\$45.81	\$1.50	\$10.59	\$4.26	\$3.92	\$0.00	\$407.24	\$474.43	\$948.86	\$915.65	\$1,333.15	10.7%	10.7%	10.7%	10.7%
FRVT-HMO-S1-001-N	HyHMO	Silver	Non-Standard	Subsidized (73%)	0.713	1.007	\$338.18	\$5.87	\$46.21	\$1.50	\$10.68	\$4.30	\$3.92	\$0.09	\$410.75	\$478.52	\$957.04	\$923.54	\$1,344.64	14.2%	14.2%	14.2%	14.2%
FRVT-HMO-S1-002-N	HyHMO	Silver	Non-Standard	Subsidized (87%)	0.713	1.007	\$338.18	\$5.87	\$46.21	\$1.50	\$10.68	\$4.30	\$3.92	\$0.09	\$410.75	\$478.52	\$957.04	\$923.54	\$1,344.64	14.2%	14.2%	14.2%	14.2%
FRVT-HMO-S1-003-N	HyHMO	Silver	Non-Standard	Subsidized (94%)	0.713	1.007	\$338.18	\$5.87	\$46.21	\$1.50	\$10.68	\$4.30	\$3.92	\$0.09	\$410.75	\$478.52	\$957.04	\$923.54	\$1,344.64	14.2%	14.2%	14.2%	14.2%
FRVT-HMO-S1-004-N	HyHMO	Silver	Non-Standard	Subsidized (77%)	0.713	1.007	\$338.18	\$5.87	\$46.21	\$1.50	\$10.68	\$4.30	\$3.92	\$0.09	\$410.75	\$478.52	\$957.04	\$923.54	\$1,344.64	14.2%	14.2%	14.2%	14.2%
FRVT-HMO-PA2-001-S	HyHMO	Platinum	Standard	All/AN	0.907	1.121	\$478.84	\$7.01	\$64.95	\$1.50	\$15.01	\$6.07	\$3.92	\$0.00	\$577.30	\$672.55	\$1,345.10	\$1,298.02	\$1,889.87	13.2%	13.2%	13.2%	13.2%
FRVT-HMO-GA2-001-S	HyHMO	Gold	Standard	All/AN	0.836	1.076	\$423.67	\$6.04	\$57.52	\$1.50	\$13.29	\$5.37	\$3.92	\$0.00	\$511.31	\$595.68	\$1,191.36	\$1,149.66	\$1,673.86	15.9%	15.9%	15.9%	15.9%
FRVT-HMO-GA2-002-N	HyHMO	Gold	Non-Standard	All/AN	0.839	1.078	\$426.01	\$6.03	\$57.84	\$1.50	\$13.37	\$5.40	\$3.92	\$0.09	\$514.16	\$599.00	\$1,198.00	\$1,156.07	\$1,683.19	14.8%	14.8%	14.8%	14.8%
FRVT-HMO-SA2-001-S	HyHMO	Silver	Standard	All/AN	0.741	1.022	\$357.03	\$5.98	\$48.70	\$1.50	\$11.26	\$4.53	\$3.92	\$0.00	\$432.92	\$504.35	\$1,008.70	\$973.40	\$1,417.22	18.0%	18.0%	18.0%	18.0%
FRVT-HMOH-SA2-001-S	HDHMO	Silver	Standard	All/AN	0.709	1.005	\$335.55	\$5.61	\$45.81	\$1.50	\$10.59	\$4.26	\$3.92	\$0.00	\$407.24	\$474.43	\$948.86	\$915.65	\$1,333.15	10.7%	10.7%	10.7%	10.7%
FRVT-HMO-SA2-001-N	HyHMO	Silver	Non-Standard	All/AN	0.713	1.007	\$338.18	\$5.87	\$46.21	\$1.50	\$10.68	\$4.30	\$3.92	\$0.09	\$410.75	\$478.52	\$957.04	\$923.54	\$1,344.64	14.2%	14.2%	14.2%	14.2%
FRVT-HMO-BA2-001-S	HMO	Bronze	Standard	All/AN	0.609	0.973	\$279.39	\$5.74	\$38.41	\$1.50	\$8.88	\$3.56	\$3.92	\$0.00	\$341.39	\$397.72	\$795.44	\$767.60	\$1,117.59	18.3%	18.3%	18.3%	18.3%
FRVT-HMOH-BA2-001-S	HDHMO	Bronze	Standard	All/AN	0.620	0.977	\$285.53	\$5.42	\$39.18	\$1.50	\$9.05	\$3.63	\$3.92	\$0.00	\$348.23	\$405.69	\$811.38	\$782.98	\$1,139.99	10.8%	10.8%	10.8%	10.8%
FRVT-HMO-BA2-001-N	HMO	Bronze	Non-Standard	All/AN	0.617	0.976	\$283.69	\$5.51	\$38.96	\$1.50	\$9.00	\$3.61	\$3.92	\$0.09	\$346.29	\$403.43	\$806.86	\$778.62	\$1,133.64	18.0%	18.0%	18.0%	18.0%
FRVT-HMO-BA1-001-S	HMO	Bronze	Standard	All/AN, Subsidized	0.609	0.973	\$279.39	\$5.74	\$38.41	\$1.50	\$8.88	\$3.56	\$3.92	\$0.00	\$341.39	\$397.72	\$795.44	\$767.60	\$1,117.59	18.3%	18.3%	18.3%	18.3%
FRVT-HMO-BA1-001-N	HMO	Bronze	Non-Standard	All/AN, Subsidized	0.617	0.976	\$283.69	\$5.51	\$38.96	\$1.50	\$9.00	\$3.61	\$3.92	\$0.09	\$346.29	\$403.43	\$806.86	\$778.62	\$1,133.64	18.0%	18.0%	18.0%	18.0%

\*The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorandum.

\*\*Reflects cost of Member Wellness Incentive Rider, Form FRVT-301

\*\*\*Child Only Rate = Single Rate

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y				
1	<b>Unified Rate Review v2.0.2</b>																											
2																												
3	Company Legal Name:		<b>MVP Health Plan, Inc.</b>				State:		<b>VT</b>																			
4	HIOS Issuer ID:		<b>77566</b>				Market:		<b>Combined</b>																			
5	Effective Date of Rate Change(s):		<b>1/1/2015</b>																									
6																												
7																												
8	<b>Market Level Calculations (Same for all Plans)</b>																											
9																												
10																												
11	<b>Section I: Experience period data</b>																											
12	Experience Period:		1/1/2013		to		12/31/2013																					
13			<u>Experience Period</u>																									
14			<u>Aggregate Amount</u>		<u>PMPM</u>		<u>% of Prem</u>																					
15	Premiums (net of MLR Rebate) in Experience Period:		\$870,440		\$728.40		100.00%																					
16	Incurred Claims in Experience Period		\$984,468		823.82		113.10%																					
17	Allowed Claims:		\$1,023,846		856.78		117.62%																					
18	Index Rate of Experience Period				\$856.78																							
19	Experience Period Member Months		1,195																									
20	<b>Section II: Allowed Claims, PMPM basis</b>																											
21			<u>Experience Period</u>						<u>Projection Period:</u>		1/1/2015		to		12/31/2015		Mid-point to Mid-point, Experience to Projection:				24 months							
22			<u>on Actual Experience Allowed</u>						<u>Adj't. from Experience to Projection Period</u>		<u>Annualized Trend Factors</u>		<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>											
23	<u>Benefit Category</u>		<u>Utilization Description</u>		<u>Utilization per 1,000</u>		<u>Average Cost/Service</u>		<u>PMPM</u>		<u>Pop'l risk Morbidity Other</u>		<u>Cost Util</u>		<u>Utilization per 1,000</u>		<u>Average Cost/Service</u>		<u>PMPM</u>		<u>Utilization per 1,000</u>		<u>Average Cost/Service</u>		<u>PMPM</u>			
24	Inpatient Hospital		Days		1,020.66		\$1,668.92		\$141.95		0.980 1.003		1.060 1.000		1,000.25		\$1,882.37		\$156.90		204.00		\$4,931.26		\$83.83			
25	Outpatient Hospital		Visits		3,799.69		965.91		305.85		0.980 1.003		1.054 1.000		3,723.70		1,076.16		333.94		2113.95		1,005.06		177.05			
26	Professional		Visits		8,084.45		343.90		231.69		0.980 1.003		1.092 1.000		7,922.76		411.59		271.75		5003.53		319.07		133.04			
27	Other Medical		Other		495.17		965.74		39.85		0.980 1.003		1.054 1.000		485.27		1,075.97		43.51		305.37		814.71		20.73			
28	Capitation		Benefit Period		12,000.00		80.42		80.42		0.980 1.000		1.000 1.000		11,760.00		80.42		78.81		11760.00		6.78		6.64			
29	Prescription Drug		Prescriptions		18,707.95		36.57		57.02		0.980 1.000		1.040 1.026		19,280.88		39.52		63.50		10026.39		64.68		54.04			
30	Total						\$856.78												\$948.42						\$475.35			
31																												
32	<b>Section III: Projected Experience:</b>								Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										0.00%		100.00%		<u>After Credibility</u>		<u>Projected Period Totals</u>			
33									Paid to Allowed Average Factor in Projection Period														0.741					
34									Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM														\$352.16		\$20,275,912			
35									Projected Risk Adjustments PMPM														0.00		0			
36									Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM														\$352.16		\$20,275,912			
37									Projected ACA reinsurance recoveries, net of rein prem, PMPM														12.84		739,372			
38									Projected Incurred Claims																\$339.32		\$19,536,540	
39									Administrative Expense Load														10.12%		40.60		2,337,470	
40									Profit & Risk Load														1.50%		6.02		346,324	
41									Taxes & Fees														3.76%		15.07		867,935	
42									Single Risk Pool Gross Premium Avg. Rate, PMPM																\$401.01		\$23,088,269	
43									Index Rate for Projection Period																\$475.35			
44									% increase over Experience Period																-44.95%			
45									% Increase, annualized:																-25.80%			
46									Projected Member Months																		57,576	
47																												
48																												
49	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																											
50																												



